

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **ADMINISTRATIVE RULES REVIEW**

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# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE**

### **16.03.18 - CHIP B AND CHILDREN'S ACCESS CARD RULES**

#### **DOCKET NO. 16-0318-0601 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** The effective dates of the amendments to the temporary rules are **July 1, 2006, October 1, 2006 and December 1, 2006**. This pending rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. The pending rule becomes final and effective at the conclusion of the legislative session, unless the rule is approved, rejected, amended, or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended, or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule and amended a temporary rule. The action is authorized pursuant to Section 56-202(b), 56-239, 56-240, and 56-250 through 56-257, Idaho Code, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

**The changes to this docket include the following:**

- 1. Amended the definitions section by adding, deleting, and clarifying definitions;**
- 2. Added an exemption for Native American and Alaskan Native participants from specific types of cost-sharing;**
- 3. Amended language related to family incomes limits for clarification;**
- 4. Changed the effective date of premiums for families with incomes between 133% and 150% of the Federal Poverty Guideline(FPG) to align with the implementation of the Preventive Health Assistance Benefits under the Medicaid Basic Plan; and**
- 5. Moved the Home and Community-Based Waiver (HCBS) participant's cost-sharing provisions from IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," into this chapter.**

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code, and is being republished following this notice. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the Department amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes from the proposed text are printed in this bulletin. The original text of the temporary and proposed rule was published in the August 2, 2006, Idaho Administrative Bulletin, Vol. 06-8, pages 494 through 503.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year. 2006 Legislature approved HB 663 and HCR 50 which identify the requirements for cost sharing. The

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## DEPARTMENT OF HEALTH & WELFARE CHIP B & Children's Access Card Rules

Docket No. 16-0318-0601  
**PENDING RULE**

Department's 2007 budget reflects the fiscal impact for these policy changes in HB 849 appropriations. It is anticipated that these rule changes will have a cost savings to the state general fund of \$473,000.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section(s) 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is being done to comply with deadlines in amendments to governing law or federal programs and confers a benefit.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

These rule changes maintain the "cost-sharing" requirements that were in the original chapter of rule. The premium for a family with income above one hundred thirty three percent (133%) of the federal poverty level is ten dollars (\$10) per month for each participant. This is a new fee. A family with income above one hundred fifty percent (150%) of the federal poverty level is fifteen dollars (\$15) per month for each participant, which is currently in rule. The effective dates for cost-sharing are July 1, 2006, October 1, 2006, and December 1, 2006.

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the pending rule and the amendment to temporary rule, contact Robin Pewtress at (208) 364-1892.

DATED this 14th day of November, 2006.

### ***THIS NOTICE WAS PUBLISHED WITH THE TEMPORARY AND PROPOSED RULE***

**EFFECTIVE DATE:** The effective date of the temporary rule is July 1, 2006 and October 1, 2006.

**AUTHORITY:** In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-239 and 56-240, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be held as follows:

<b>Date:</b> Wednesday, August 16, 2006	<b>Thursday, August 17, 2006</b>	<b>Tuesday, August 22, 2006</b>
<b>Time:</b> 7:00 p.m.	<b>7:00 p.m.</b>	<b>7:00 p.m.</b>
<b>Place:</b> Idaho Falls Public Library 457 Broadway Idaho Falls, ID Phone: (208) 612-8455	Coeur d'Alene Inn Hayden Conference Room 506 W Appleway Ave. Coeur d'Alene, ID	DHW - Region IV Office 1720 Westgate Dr. Suite D, Room 119 Boise, ID

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation

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CHIP B & Children's Access Card Rules**

**Docket No. 16-0318-0601  
PENDING RULE**

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must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

As part of the implementation of the "Medicaid Modernization and Simplification Act" (HB 776), approved by the 2006 Legislature, the Department has reorganized the CHIP B and Children's Access Card program, previously residing in this chapter, IDAPA 16.03.18. The CHIP B and Children's Access Card program rules are being deleted from this chapter and moved into, IDAPA 16.03.16, "Premium Assistance". This chapter is being renamed and will have only sections left in this chapter for "Medicaid Cost-Sharing". The cost-sharing rules for medical assistance participant's share will reside in these rules.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section(s) 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is being done to comply with deadlines in amendments to governing law or federal programs and confers a benefit.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

These rule changes maintain the "cost-sharing" requirements that are in the current chapter of rule. Premiums are being added for a family whose income is above 133% of the federal poverty level. The amount of this new premium is \$10 per month for each participant. The premium for a family whose income is above 150% of the federal poverty level will remain at \$15 per month for each participant. The effective date for these premiums is October 1, 2006.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year. The 2006 Legislature approved HB 663 and HCR 50 which identify the requirements for cost sharing. The Department's 2007 budget reflects the fiscal impact for these policy changes in HB 849 appropriations. It is anticipated that these rule changes will have a cost savings to the state general fund of \$473,000.

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because changes to these rules are being made to implement legislation passed during the 2006 legislative session.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the temporary and proposed rule, contact Robin Pewtress at (208) 364-1892.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before August 23, 2006.

DATED this 29th day of June, 2006.

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DEPARTMENT OF HEALTH & WELFARE  
CHIP B & Children's Access Card Rules

Docket No. 16-0318-0601  
PENDING RULE

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## THE FOLLOWING IS TEXT OF THE PENDING RULE

### ~~16.03.18 – CHIP B AND CHILDREN'S ACCESS CARD RULES~~ MEDICAID COST-SHARING

#### 000. LEGAL AUTHORITY.

Under Section 56-202(b), Idaho Code, the Legislature has delegated to the Department of Health and Welfare the responsibility to establish and enforce such rules as may be necessary or proper to administer public assistance programs within the state of Idaho. Under Sections 56-239 and 56-240, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to define program requirements and eligibility conditions for federal financial assistance in ~~payments for the CHIP B and Children's Access Card~~ medical assistance programs. Furthermore, the Idaho Department of Health and Welfare is the designated agency to administer programs under Title XIX and Title XXI of the Social Security Act. (4-6-05)(7-1-06)T

#### 001. TITLE AND SCOPE.

**01. Title.** The title of this chapter is IDAPA 16.03.18, “~~CHIP B and Children's Access Card Rules~~ Medicaid Cost-Sharing.” (4-6-05)(7-1-06)T

**02. Scope.** Under Sections 56-239 and 56-240, Idaho Code, these rules describe the general ~~provisions~~ requirements regarding the administration of the ~~Idaho CHIP B (Children's Health Insurance Program B) and Children's Access Card~~ cost-sharing provisions for participation in a medical assistance programs providing direct benefits in Idaho. ~~These rules identify the amount, duration, and scope of care and services to be purchased on behalf of eligible individuals. All goods and services not specifically included in this chapter are excluded from coverage.~~ This chapter does not apply to participants receiving benefits under IDAPA 16.03.16, “Premium Assistance.” (4-6-05)(7-1-06)T

**03. Policy.** It is the policy of the Department, ~~under Section 56-209(b), Idaho Code, that CHIP B and the Children's Access Card Programs are available to individuals who are eligible as set forth in IDAPA 16.03.01, “Eligibility For Health Care Assistance for Families and Children”~~ that certain participants share in the cost of their benefits. (4-6-05)(7-1-06)T

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### (BREAK IN CONTINUITY OF SECTIONS)

#### 010. DEFINITIONS.

~~01. **Children's Access Card.** The insurance premium assistance program for children in families who qualify for CHIP A or CHIP B. (4-6-05)~~

~~02. **CHIP A (Children's Health Insurance Program A).** The health insurance program for children whose income exceeds the Title XIX Medicaid threshold, but is less than or equal to one hundred fifty percent (150%) of the Federal Poverty Guidelines (FPG). (4-6-05)~~

~~03. **CHIP B (Children's Health Insurance Program B).** A limited health insurance program for children in families whose income is greater than one hundred fifty percent (150%), but is less than or equal to one hundred and eighty five percent (185%) of the current FPG. (4-6-05)~~

~~04. **Co-Payment (Co-pay).** The amount a participant is required to pay for specified services. (4-6-05)~~

~~01. **Co-Payment (Co-Pay).** The amount a participant is required to pay to the provider for specified services. (7-1-06)T~~

~~052. **Cost-Sharing.** A payment the participant is required to make toward the cost of his health care. (4-6-05)~~

~~063. **Department.** The Idaho Department of Health and Welfare, or a person authorized to act on behalf of the Department. (4-6-05)(7-1-06)T~~

~~07. **Director.** The Director of the Department of Health and Welfare. (4-6-05)~~

~~08. **Family.** One (1) or two (2) natural or adoptive parents and their child(ren) who live in the same dwelling. (4-6-05)~~

~~09. **Field Office.** An office of the Idaho Department of Health and Welfare authorized to accept and process applications for benefits. (4-6-05)~~

~~10. **Insurance Vendor.** An insurance company regulated by the Idaho Department of Insurance. (4-6-05)~~

~~11. **Medically Necessary.** A service is medically necessary if it can reasonably prevent, diagnose or treat a condition that endangers life, causes pain or causes functionally significant deformity or malfunction. In addition, no other effective treatment is available or suitable for the participant that is more conservative or substantially less costly. (4-6-05)~~

~~12. **Mid-Level Practitioner.** A certified registered nurse anesthetist (CRNA), nurse practitioner (NP), nurse midwife (NM), or physician assistant (PA). (4-6-05)~~

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**04. Federal Poverty Guidelines (FPG).** The federal poverty guidelines issued annually by the U. S. Department of Health and Human Services (HHS). (7-1-06)T

**05. Medical Assistance.** Payments for part or all of the cost of services funded by Titles XIX or XXI of the federal Social Security Act, as amended. (7-1-06)T

~~**1306. Participant.** A person who is applying for or receiving CHIP B or Children's Access Card benefits found eligible under IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," for and receives medical assistance under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," enrolled in the Idaho Medical Assistance Program.~~  
(4-6-05)(7-1-06)T(7-1-06)T

~~**1407. Premium.** A regular and periodic charge or payment for health coverage.~~ (4-6-05)

~~**14. Premium.** A regular and periodic charge or payment for health coverage.~~ (4-6-05)

~~**15. Premium Assistance.** The partial or total premium paid to an insurance company by the State to supplement the cost of enrolling an eligible individual in a health insurance plan.~~  
(4-6-05)

~~**16. Provider.** Any individual, organization or business entity furnishing medical goods or services.~~  
(4-6-05)

~~**1708. Social Security Act.** 42 U.S.C. 101 et seq., authorizing, in part, federal grants to the states for CHIP B medical assistance to eligible low-income individuals.~~ (4-6-05)(7-1-06)T

~~**1809. State.** The state of Idaho.~~ (4-6-05)

~~**19. Third Party.** A person, institution, corporation, or public or private agency that is liable to pay all or part of a participant's medical cost for his injury, disease or disability.~~  
(4-6-05)

~~**011. -- 0199. (RESERVED).**~~

~~**011. -- 19924. (RESERVED).**~~

**025. PARTICIPANTS EXEMPT FROM COST-SHARING.**  
*Native American and Alaskan Native participants are exempt from the cost-sharing provisions of Sections 200 and 300 of these rules. The participant must declare his race to the Department to receive this exemption.* (7-1-06)T

**026. - 199. (RESERVED).**

~~**CHIP B Payment of Services**  
**(Sections 100 through 170)**~~

~~**100. CHOICE OF PROVIDERS.**~~

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~~01. **Service Selection.** Each participant may obtain any CHIP B services available from any participating institution, agency, pharmacy, or practitioner of his choice, unless enrolled in a coordinated care plan.~~ (4-6-05)

~~02. **Medical Care Provided Outside the State of Idaho.** Medical service that is not provided in Idaho or bordering counties is considered out-of-state. Out-of-state medical care is covered if the participant has a medical emergency or if the service is included in the scope of CHIP B but not available from an Idaho provider. Out-of-state medical care is subject to the same utilization review and other medical care coverage requirements and restrictions as medical care received within the state of Idaho.~~ (4-6-05)

~~101.—109. (RESERVED).~~

### ~~120. **PROVIDER AGREEMENT.**~~

~~Payment for services to CHIP B participants will be made only to providers that have an effective Medicaid provider agreement. All Medicaid provider agreement terms and conditions apply to CHIP B services. Where the Department purchases CHIP B services through an insurance vendor, the vendor must execute an agreement with each CHIP B provider that contains the minimum requirements of Medicaid providers. Vendors must also take steps to assure that no provider suspended or barred from providing Medicaid or Medicare services will be paid for providing services to CHIP B participants.~~ (4-6-05)

~~121.—129. (RESERVED).~~

### ~~130. **CONDITIONS FOR PAYMENT.**~~

~~01. **Participant Eligibility.** The Department will provide for reimbursement to providers of medical care and services, regardless of the current eligibility status of the participant in the month of billing, if each of the following conditions is met:~~ (4-6-05)

~~a. The participant was found eligible for CHIP B for the month, day, and year the medical care and services were provided;~~ (4-6-05)

~~b. Not more than twelve (12) months have elapsed since the month the latest participant services were billed; and~~ (4-6-05)

~~c. A Children's Access Card program payment is not made for the same month as a CHIP B reimbursement request.~~ (4-6-05)

~~02. **Payment in Full.** By participating in the CHIP B program, providers agree to accept the Department's payment for services to eligible participants as payment in full. Providers also agree to provide all materials and services without unlawfully discriminating on the grounds of race, age, sex, creed, color, national origin, or physical or mental handicap.~~ (4-6-05)

~~131.—139. (RESERVED).~~

### ~~140. **THIRD-PARTY LIABILITY.**~~



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~~Third party liability and recovery will apply in accordance with IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Section 030. CHIP B reimbursement is considered the payment of last resort.~~ (4-6-05)

~~141.—149. (RESERVED).~~

~~150. IDENTIFICATION (ID) CARD.~~

~~The Department or its designee will issue an identification (ID) card to an individual eligible for CHIP B or the Children's Access Card. The service provider or insurance vendor is responsible to request the ID card before providing services.~~ (4-6-05)

~~151.—154. (RESERVED).~~

~~155. INFORMATION AVAILABLE FOR PARTICIPANTS.~~

~~The following information will be available at each Department Field Office for use by participants:~~ (4-6-05)

~~01. Scope. The amount, duration, and scope of the available care and services.~~ (4-6-05)

~~02. Obtaining Services. The manner in which the care and services may be secured.~~ (4-6-05)

~~03. ID Card. How to use the ID card to obtain services.~~ (4-6-05)

~~156.—159. (RESERVED).~~

~~160. REVIEW OF RECORDS.~~

~~The Department or its designee, and the U.S. Department of Health and Human Services have the right to review pertinent records of providers and insurance vendors receiving CHIP B or Children's Access Card payments in accordance with IDAPA 16.03.09, "Rules Governing the Medical Assistance Program".~~ (4-6-05)

~~161.—169. (RESERVED).~~

~~170. FEES AND UPPER LIMITS.~~

~~Reimbursement to providers will be as provided in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program" or IDAPA 16.03.10, "Rules Governing Medicaid Provider Reimbursement in Idaho," or as stated in the agreement between the provider and the Department's designated insurance vendor, as appropriate.~~ (4-6-05)

~~171.—199. (RESERVED).~~

~~CHIP B Covered Services  
(Sections 200 through 310)~~

~~200. INPATIENT SERVICES.~~

~~Inpatient services are limited to a semi-private room, intensive and coronary care unit, general~~

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~~nursing, rehabilitation, drugs, oxygen, blood transfusions, laboratory, imaging service, physical, speech, occupational, heat and inhalation therapy, operating, recovery, birthing and delivery room, routine and intensive care for newborns, and other medically necessary benefits and prescribed supplies for treatment of injury or illness.~~ (4-6-05)

~~201.—224. (RESERVED).~~

### ~~225. PHYSICIAN SERVICES.~~

~~Office, clinic, outpatient surgery center and hospital treatment by a physician, mid-level practitioner for a medical condition, injury or illness are covered.~~ (4-6-05)

~~01. Wellness Services. Well child, well baby and immunization services to the extent recommended by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices are covered. Examinations for school activities are covered.~~ (4-6-05)

~~02. Anesthesia. Anesthesia services rendered by a anesthesiologist who is a physician, other than the attending physician or assistant, or by a certified nurse anesthetist are covered, provided that the related surgical and hospital services are also covered.~~ (4-6-05)

~~03. Second Opinion. Medically appropriate second opinions are covered.~~ (4-6-05)

~~226.—229. (RESERVED).~~

### ~~230. OUTPATIENT HOSPITAL.~~

~~All benefits described in these rules provided on an outpatient basis in a hospital are covered including:~~ (4-6-05)

~~01. An Observation Bed and Partial Hospitalization Benefits;~~ (4-6-05)

~~02. Ambulatory Surgical Center;~~ (4-6-05)

~~03. Chemotherapy;~~ (4-6-05)

~~04. Emergency Room Benefits for Surgery;~~ (4-6-05)

~~05. Injury or Medical Emergency; and~~ (4-6-05)

~~06. Diagnostic or Outpatient Treatment of a Medical Condition, Injury or Illness.~~ (4-6-05)

~~231.—234. (RESERVED).~~

### ~~235. DRUGS.~~

~~Drugs prescribed by a practitioner acting within the scope of his practice, chemotherapy drugs approved for use in humans by the U.S. Food and Drug Administration, vaccines and prenatal vitamins are covered. The provisions of IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Sections 805 through 813 apply.~~ (4-6-05)

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~~236.—244. (RESERVED).~~

~~245. OUTPATIENT MENTAL HEALTH.~~

~~Outpatient mental health clinic and rehabilitative services are covered. Inpatient mental health services are not covered.~~ (4-6-05)

~~246.—249. (RESERVED).~~

~~250. LABORATORY AND RADIOLOGY SERVICES.~~

~~Imaging and laboratory services are covered for diagnostic and therapeutic purposes as a result of accident, illness or medical conditions. X-ray, radium, or radioactive isotope therapy are covered.~~ (4-6-05)

~~251.—254. (RESERVED).~~

~~255. TRANSPORTATION.~~

~~Medically necessary ground and air ambulance emergency transportation is covered.~~ (4-6-05)

~~256.—259. (RESERVED).~~

~~260. PRENATAL CARE.~~

~~Prenatal care is covered.~~ (4-6-05)

~~261.—264. (RESERVED).~~

~~s~~

~~265. FAMILY PLANNING.~~

~~Pre-pregnancy family planning services and prescribed supplies, including birth control contraceptives are covered.~~ (4-6-05)

~~266.—269. (RESERVED).~~

~~270. SURGICAL SERVICES.~~

~~Surgical services are covered as described in Sections 200, 225, and 230 of these rules. Professional services rendered by a physician, surgeon or doctor of dental surgery for treatment of a fractured jaw or other injury to sound natural teeth and gums are covered.~~ (4-6-05)

~~271.—279. (RESERVED).~~

~~280. VISION SERVICES.~~

~~01. Medical Treatment. Medical treatment of diseases or injury to the eye is included in vision services. Medical treatment must be provided by a licensed physician or optometrist working within the scope of his license. Tonometry services are not covered unless the participant is receiving continuing treatment for glaucoma.~~ (4-6-05)

~~02. Vision Examination. One (1) vision examination is covered per year.~~ (4-6-05)

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~~03. Eyeglasses. One (1) pair of lenses and one set of frames every twelve (12) months are covered. (4-6-05)~~

~~281.—284. (RESERVED).~~

~~285. ABORTION SERVICES.~~

~~Abortions are not covered under CHIP B unless the abortion is necessary to save the life of the woman, or to terminate a pregnancy in cases of rape or incest as determined by the courts or, where no court determination has been made, if reported to a law enforcement agency. (4-6-05)~~

~~286.—299. (RESERVED).~~

~~300.~~

~~HEARING EXAMS AND HEARING AIDS.~~

~~Hearing exams, including newborn hearing screening in a hospital or outpatient setting are covered. Coverage includes assessment and diagnosis. Hearing aids are covered when billed by the audiologist. (4-6-05)~~

~~301.—309. (RESERVED).~~

~~310. OTHER CLINICS.~~

~~Services provided by Rural Health Clinics, Federally Qualified Health Centers, and Indian Health Services are covered. (4-6-05)~~

~~311.—399. (RESERVED).~~

~~400. SERVICES NOT COVERED BY CHIP B.~~

~~Services excluded from reimbursement under IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Section 065 are excluded from reimbursement under CHIP B. (4-6-05)~~

~~401.—499. (RESERVED).~~

~~500. CHIP B COST SHARING.~~

~~The Department may require cost sharing by CHIP B participants. A family will not be required to pay out of pocket costs exceeding five percent (5%) of their anticipated gross annual income. (3-24-05)~~

~~501.—505. (RESERVED).~~

~~506. PREMIUMS.~~

~~The participant must pay a monthly premium of fifteen dollars (\$15) to the Department or its designee to participate in CHIP B. A participant's failure to pay the premium can make the participant ineligible for CHIP B. (3-24-05)~~

~~507. DELINQUENT PREMIUM PAYMENTS.~~

~~If the family is sixty (60) or more days past due on its premium payments, the family is offered a new eligibility determination. If the child is eligible for Title XIX Medicaid or CHIP A, the child~~

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~~will be moved to the appropriate coverage group. The change is effective the month after the child becomes eligible for Title XIX Medicaid or CHIP A. The following items apply to delinquent premium payments:~~ (3-24-05)

~~01. **Premium Debt.** Any premium debt assessed, but not paid, after the child became eligible for Title XIX Medicaid or CHIP A will be forgiven.~~ (3-24-05)

~~02. **Delinquent Payments.** A child must not be approved for or renewed for CHIP B if his premium payments are sixty (60) or more days delinquent as of the last working day of his twelve-month (12) continuous eligibility period.~~ (3-24-05)

~~03. **Reestablishing Eligibility.** A family can reestablish a child's eligibility during a new open enrollment period by paying the premium debt in full.~~ (3-24-05)

~~508.—599. (RESERVED).~~

### ~~Children's Access Card (Sections 600 Through 620)~~

#### ~~600. **CHILDREN'S ACCESS CARD.**~~

~~The Children's Access Card program pays a premium subsidy toward a private health insurance plan for a participant. The rules governing payment and benefits are found in Sections 130, 150, 605, 615, and 620, of these rules.~~ (4-6-05)

~~601.—604. (RESERVED).~~

#### ~~605. **INSURANCE PREMIUM SUBSIDY.**~~

~~The Department or its designee will pay an insurance premium subsidy to an approved insurance vendor in full or partial payment of a premium for a conforming health benefit plan selected by an eligible participant and defined in Section 56-238(8), Idaho Code. The Department's payment will not exceed one hundred dollars (\$100) each month for each participant. The total payment for eligible children in the same family will not exceed three hundred dollars (\$300) each month. The Department will not pay more than one Access Card payment for the same month for the same participant.~~ (4-6-05)

~~606.—614. (RESERVED).~~

#### ~~615. **BENEFITS AND COST SHARING.**~~

~~Participating private health insurers must define the covered benefits and amounts of cost-sharing provided by the plan, subject to the minimum requirements set forth in Section 56-238(8), Idaho Code. Cost-sharing may include co-insurance, co-payments, deductibles, and excess premium costs above the Department's premium subsidy. Childhood immunizations are provided by the State if not covered by private insurance coverage.~~ (4-6-05)

~~616.—619. (RESERVED).~~

#### ~~620. **VENDOR AGREEMENT.**~~

~~An insurance company that wants to participate in the Children's Access Card Program must~~

# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE CHIP B & Children's Access Card Rules

Docket No. 16-0318-0601  
PENDING RULE

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*apply to the Department and be approved for participation. The Department will confirm that the applicant is an insurance company regulated by the Department of Insurance.* (4-6-05)

~~01. **Agreement.** The applicant must submit a signed Access Card Program Vendor Participation Agreement to the Department.~~ (4-6-05)

~~02. **Conforming Benefit Plan.** The vendor must certify to the Department that the benefit plan meets the definition of a health benefit plan as set forth in Section 56-238(8), Idaho Code. The benefit plan must include inpatient and outpatient hospital services, and physician medical and surgical services.~~ (4-6-05)

~~03. **Vendor Application Denied.** The Department will not approve the application of a vendor whose authority to sell insurance plans in the State of Idaho is suspended.~~ (4-6-05)

~~04. **Data Reporting Requirement.** The Department requires Access Card participating insurance vendors to provide data to the Department as necessary to comply with federal reporting requirements.~~ (4-6-05)

~~621. — 999. (RESERVED).~~

## 200. PREMIUMS FOR PARTICIPATION IN MEDICAID BASIC PLAN.

01. **Family Income Above 133% of FPG.** Each participant with family income at or above one hundred and thirty-three percent (133%) of the Federal Poverty Guideline (FPG) ~~but below and equal to or less than~~ one hundred and fifty percent (150%) of the FPG must pay a monthly premium of ten dollars (\$10) to the Department. (10-1-06)T(12-1-06)T

02. **Family Income Above 150% of FPG.** Each participant with family income ~~of~~ above one-hundred and fifty percent (150%) of the Federal Poverty Guideline (FPG) ~~or above~~ must pay a monthly premium of fifteen dollars (\$15) to the Department. (10-1-06)T(10-1-06)T

03. **Failure to Pay Premium.** A participant's failure to pay the premium can make the participant ineligible. (10-1-06)T

04. **Department Responsibilities.** (10-1-06)T

a. A participant must not be assessed premiums during the time initial eligibility is determined. Obligation for premium payments does not begin for at least sixty (60) days after receipt of application. (10-1-06)T

b. A participant must not be assessed premiums for extra months of eligibility received due solely to the Department's late review of continuing eligibility. (10-1-06)T

c. A participant must not be assessed premiums for months of retroactive eligibility. (10-1-06)T

d. The Department is required to routinely notify a participant of his premium payment obligations including any delinquencies, if applicable. (10-1-06)T

# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE CHIP B & Children's Access Card Rules

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### **201. -- 249. (RESERVED).**

#### **250. DELINQUENT PREMIUM PAYMENTS.**

If the participant is sixty (60) days or more past due on its premium payments, the participant is contacted to determine the reason for the delinquency. If the participant's countable income is less than the amount used for the most recent eligibility determination, the participant is offered a new eligibility determination. If a participant's family income is at a level that does not require premium payments, the premium will no longer be assessed. The change is effective the month after the participant becomes eligible for such benefits. The following Subsections 250.01 through 250.03 of this rule apply to delinquent premium payments. (10-1-06)T

**01. Delinquent Payments.** A participant must not be approved for or renewed for coverage that requires premium payments, if his premium payments are sixty (60) days or more delinquent as of the last working day of his twelve (12) month eligibility period. (10-1-06)T

**02. Reestablishing Eligibility.** A participant can reestablish eligibility by paying the premium debt in full, unless one (1) of the conditions listed in Subsection 250.03 applies. (10-1-06)T

**03. Premium Debt.** Any premium debt assessed, but not paid, will be forgiven if one (1) of the following applies: (10-1-06)T

**a.** The participant reports and the Department determines that the participant's family income is below one hundred and thirty-three percent (133%) FPG. This may occur at any time during the eligibility period; or (10-1-06)T

**b.** A participant in the Medicaid Basic Plan has a medical condition that requires the participant to receive the benefits provided in IDAPA 16.03.10 "Medicaid Enhanced Plan Benefits." (10-1-06)T

### **251. -- 399. (RESERVED).**

#### **400. PARTICIPATION IN THE COST OF HOME AND COMMUNITY-BASED WAIVER SERVICES.**

*Medicaid participants required to participate in the cost of Home and Community-Based Waiver (HCBS) services as described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," must have their share of cost determined as described in Subsections 400.01 through 400.10 of this rule.* (7-1-06)T

**01. Excluded Income.** *Income excluded under the provisions of IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)," Sections 723 and 725, is excluded in determining participation.* (7-1-06)T

**02. Base Participation.** *Base participation is income available for participation after subtracting all allowable deductions, except for the incurred medical expense deduction in Subsection 400.07 of this rule. Base participation is calculated by the participant's Self Reliance Specialist. The incurred medical expense deduction is calculated by the Regional Medicaid*

# SENATE HEALTH AND WELFARE COMMITTEE

## DEPARTMENT OF HEALTH & WELFARE CHIP B & Children's Access Card Rules

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Services (RMS).

(7-1-06)T

**03. Community Spouse.** *Except for the elderly or physically disabled participant's personal needs allowance, base participation for a participant with a community spouse is calculated under IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)," Section 725. A community spouse is the spouse of an HCBS participant who is not an HCBS participant and is not institutionalized. The HCBS personal needs allowance for a participant living in adult residential care equals the federal Supplemental Security Income (SSI) benefit rate for an individual living independently.*

(7-1-06)T

**04. Home and Community Based Services (HCBS) Spouse.** *Except for the elderly or physically disabled participant's personal needs allowance (PNA), base participation for a participant with an HCBS spouse is calculated and specified under IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)," Section 723. An HCBS spouse is the spouse of a participant who also receives HCBS.*

(7-1-06)T

**05. Personal Needs Allowance.** *The participant's personal needs allowance depends on his marital status and legal obligation to pay rent or mortgage. The participant's personal needs allowance is deducted from his income after income exclusions and before other allowable deductions. To determine the amount of the personal needs allowance, use Table 400.05 of this rule:*

<b><u>TABLE 400.05 - PERSONAL NEEDS ALLOWANCE</u></b>			
<b><u>Amount of Personal Needs Allowance (PNA) for Participation</u></b>			
<b><u>Not Responsible for Rent or Mortgage</u></b>		<b><u>Responsible for Rent or Mortgage</u></b>	
<b><u>Marital Status</u></b>	<b><u>PNA</u></b>	<b><u>Marital Status</u></b>	<b><u>PNA</u></b>
<u>No Spouse</u>	<u>One-hundred percent (100%) of the federal SSI benefit for a person with no spouse</u>	<u>No Spouse</u>	<u>One-hundred and fifty percent (150%) of the Federal SSI benefit for a person with no spouse</u>
<u>Married with Community Spouse</u>	<u>One-hundred and fifty percent (150%) of the Federal SSI benefit for a person with no spouse</u>	<u>Married with Community Spouse</u>	<u>One-hundred and fifty percent (150%) of the Federal SSI benefit for a person with no spouse</u>
<u>Married with HCBS Spouse</u>	<u>One-hundred percent (100%) of the Federal SSI benefit for a person with no spouse. Each spouse receives this amount as his PNA.</u>	<u>Married with HCBS Spouse</u>	<u>One-hundred and fifty percent (150%) of the Federal SSI benefit for a single person. Each spouse receives this amount as his PNA.</u>

(7-1-06)T

**06. Developmentally Disabled Participants.** *These allowances are specified in IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." The HCBS personal needs allowance for adult participants receiving waiver services under the Developmentally Disabled Waiver is three (3) times the federal SSI benefit amount to an individual in his own home.*

(7-1-06)T



# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE CHIP B & Children's Access Card Rules

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**07. Incurred Medical Expenses.** *Amounts for certain limited medical or remedial services not covered by the Idaho Medicaid Plan and not paid by a third party may be deducted from the base participation amount. The Department must determine whether a participant's incurred expenses for such limited services meet the criteria for deduction. The participant must report such expenses and provide verification in order for an expense to be considered for deduction. Costs for over-the-counter medications are included in the personal needs allowance and will not be considered a medical expense. Deductions for necessary medical or remedial expenses approved by the Department will be deducted at application, and changed, as necessary, based on changes reported to the Department by the participant.* (7-1-06)T

**08. Remainder After Calculation.** *Any remainder after the calculation in Subsection 400.05 of this rule is the maximum participation to be deducted from the participant's provider payments to offset the cost of services. The participation amount will be collected from the participant by the provider. The provider and the participant will be notified by the Department of the amount to be collected.* (7-1-06)T

**09. Recalculation of Participation.** *The participant's participation amount must be recalculated annually at redetermination or whenever a change in income or deductions becomes known to the Department.* (7-1-06)T

**10. Adjustment of Participation Overpayment or Underpayment Amounts.** *The participant's participation amount is reduced or increased the month following the month the participant overpaid or underpaid the provider.* (7-1-06)T

**401. -- 999. (RESERVED).**

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE**

### **16.03.18 - MEDICAID COST-SHARING**

#### **DOCKET NO. 16-0318-0602 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** **The effective date of the temporary rule is January 1, 2007.** This pending rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. The rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending and temporary rule. The action is authorized pursuant to Sections 56-202(b), 56-203(g), and 56-209n, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

**This rule amendment changes when the premium amount is recomputed for a participant in the Worker's with Disabilities Program. The premium amount will be recomputed when either the annual re-determination is conducted or changes in the participant's countable income change the Federal Poverty Guideline category the participant falls into.**

**The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code, and is being republished following this notice. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the Department amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes from the proposed text are printed in this bulletin. The original text of the temporary and proposed rule was published in the October 4, 2006, Idaho Administrative Bulletin, Vol. 06-8, pages 257 and 258.**

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section(s) 67-5226(1)(b) and (c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reason(s):

**Governing law requires that Medicaid for Workers with Disabilities be effective on January 1, 2007, and this rulemaking confers a benefit to those individuals eligible for the Workers with Disabilities program.**

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger. This fee or charge is being imposed pursuant to Section 56-209n, Idaho Code. The following is a specific description of the fee or charge imposed or increased:

# SENATE HEALTH AND WELFARE COMMITTEE

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**DEPARTMENT OF HEALTH & WELFARE**  
**Medicaid Cost-Sharing**

**Docket No. 16-0318-0602**  
**PENDING RULE**

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This rule change will impose a premium based on the Federal Poverty Guideline (FPG) as a sliding fee in order for individuals with disabilities to retain Medicaid coverage while working.

Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

For the fiscal year 2007, the impact of this rule change to the State General Fund is \$233,900 as appropriated in the 2007 Department Budget.

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the pending rule or temporary rule, contact Robin Pewtress at (208) 364-1892.

DATED this 6th day of October, 2006.

***THIS NOTICE WAS PUBLISHED WITH THE TEMPORARY AND PROPOSED RULE***

**EFFECTIVE DATE:** The effective date of the temporary rule is January 1, 2007.

**AUTHORITY:** In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203(g), and 56-209n, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be held as follows:

<b>Date:</b>	<b>Thursday, October 12, 2006</b>	<b>Tuesday, October 17, 2006</b>	<b>Tuesday, October 17, 2006</b>
<b>Time:</b>	<b>7:00 p.m.</b>	<b>7:00 p.m.</b>	<b>7:00 p.m.</b>
<b>Place:</b>	<b>DHW Region I Office Suite 102 1120 Ironwood Dr. Coeur d'Alene, ID</b>	<b>Idaho Falls Public Library 457 Broadway Idaho Falls, ID Phone: (208) 612-8455</b>	<b>DHW - Region IV Office 1720 Westgate Dr. Suite D, Room 119 Boise, ID</b>

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

# SENATE HEALTH AND WELFARE COMMITTEE

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**DEPARTMENT OF HEALTH & WELFARE**  
**Medicaid Cost-Sharing**

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**PENDING RULE**

Many people on Medicaid want to work and recognize that employment is the way to end their dependence on Medicaid. However, individuals with disabilities, because of the cost of their support needs and the fact that most employers provide no insurance coverage for those supports, must curtail the number of work hours in order to keep their Medicaid benefits. The Medicaid for Workers with Disabilities program will help these individuals gradually leave or lessen their reliance on Medicaid while increasing their work hours and income. These rule changes will implement the cost-sharing provisions of Section 56-209n, Idaho Code, adopted by the 2006 Legislature to help individuals with disabilities be eligible for Medicaid while working.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section(s) 67-5226(1)(b) and (c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

Governing law requires that Medicaid for Workers with Disabilities be effective on January 1, 2007, and this rulemaking confers a benefit to those individuals eligible for the Workers with Disabilities program.

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein:

This rule change will impose a premium based on the Federal Poverty Guideline (FPG) as a sliding fee in order for individuals with disabilities to retain Medicaid coverage while working.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

For the fiscal year 2007, the impact of this rule change to the State General Fund is \$233,900 as appropriated in the 2007 Department Budget.

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was conducted. The Department held formal negotiations on June 14, 2006, in Boise, Idaho. Participants at the negotiations included the following; Comprehensive Advocacy Inc., Idaho Commission for the Blind and Visually Impaired, Idaho Division of Vocational Rehabilitation, State Independent Living Council, Mountain States Group, and the Idaho Council on Developmental Disabilities. The Negotiated Rulemaking Notice was published in the Idaho Administrative Bulletin, Vol. 06-6, on June 7, 2006, page 96 under Docket No. 16-0305-0603.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the temporary and proposed rule, contact Robin Pewtress at (208) 364-1892.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 25, 2006.

# SENATE HEALTH AND WELFARE COMMITTEE

**DEPARTMENT OF HEALTH & WELFARE**  
**Medicaid Cost-Sharing**

**Docket No. 16-0318-0602**  
**PENDING RULE**

DATED this 4th day of August, 2006.

Sherri Kovach, Program Supervisor  
DHW – Administrative Procedures Section  
450 West State Street - 10th Floor  
P.O. Box 83720, Boise, Idaho 83720-0036  
(208) 334-5564 phone; (208) 334-6558 fax  
kovachs@idhw.state.id.us e-mail

## ***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***

**201. -- ~~249~~14. (RESERVED).**

### **215. PREMIUMS FOR PARTICIPATION IN MEDICAID ENHANCED PLAN.**

**01. Workers with Disabilities.** A participant in the Medicaid for Workers with Disabilities coverage group must share in the cost of Medicaid coverage, if required. Countable income is determined under IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." A participant's premium for his share of Medicaid costs under this coverage group is determined in Subsections 215.02 through 215.04 of this rule. (1-1-07)T

**02. Countable Income at or Below 133%.** A participant who has countable income at or below one hundred thirty-three percent (133%) of the current federal poverty guideline is not required to pay a premium for Medicaid. (1-1-07)T

**03. Countable Income Above 133% to 250%.** A participant who has countable income above one hundred thirty-three percent (133%) to two hundred fifty percent (250%) of the current federal poverty guideline is required to pay a monthly premium of ten dollars (\$10) to the Department. (1-1-07)T

**04. Countable Income in Excess of 250%.** A participant who has countable income in excess of two hundred fifty percent (250%) of the current federal poverty guideline is required to pay a monthly premium to the Department. The amount due is the greater of ten dollars (\$10); or seven and one-half percent (7.5%) of the participant's income above two hundred fifty percent (250%) of the current federal poverty guideline. (1-1-07)T

**05. Recomputed Premium Amount.** Premium amounts are recomputed when ~~the changes to a participant's countable income changes twenty-five percent (25%) or more or at his result in a different percentage premium calculation as determined in Subsections 215.02 through 215.04 of this rule, and at the annual re-determination.~~ (1-1-07)T(1-1-07)T

**216. -- 249. (RESERVED).**

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE**

### **16.06.12 - RULES GOVERNING THE IDAHO CHILD CARE PROGRAM (ICCP)**

#### **DOCKET NO. 16-0612-0602 (CHAPTER REWRITE - FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE**

**EFFECTIVE DATE:** This rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. The pending rule becomes final and effective at the conclusion of the legislative session, unless the rule is approved, rejected, amended, or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended, or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 56-202, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change. The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the October 4, 2006, Idaho Administrative Bulletin, Vol. 06-10, pages 307 through 323.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: This rule change will lower the portion of child care costs that families must currently pay. No fees are charged or collected by the Department, but families will still be required to pay a portion of their child care cost to their provider.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning this pending rule, contact Genie Sue Weppner or Cheryl Bowers at (208) 334-5815.

DATED this 3rd day of November, 2006.

#### ***THIS NOTICE WAS PUBLISHED WITH THE PROPOSED RULE***

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 56-202, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an

# SENATE HEALTH AND WELFARE COMMITTEE

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**DEPARTMENT OF HEALTH & WELFARE**  
**Rules Governing the Idaho Child Care Program****Docket No. 16-0612-0602**  
**PENDING RULE**

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agency, not later than October 18, 2006.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a non-technical explanation of the substance and purpose of the proposed rule making:

This rule change will incorporate recommendations obtained from the Office of Performance Evaluation (OPE), Legislative Auditors and the Idaho Childcare Advisory Panel to:

1. Increase the current income limits from 150% of 1998 Federal Poverty Guidelines to 150% of the Federal Poverty Guidelines of 2005.
2. Update the co-payment rates to more accurately reflect the smaller income increases typical of families receiving ICCP
3. Add requirement for post-secondary students to work in order to be eligible for child care benefits; and limit the length of time they can receive child care benefits from 4 years to 2 years;

The current chapter of ICCP rules will be repealed in order to add or update required sections; eliminate redundant sections of rules; update, revise, clarify and reorganize chapter content. Idaho's citizens will be able to locate and understand sections of the rule that they are most interested in.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

This rule change will lower the portion of child care costs that families must currently pay. No fees are charged or collected by the Department, but families will still be required to pay a portion of their child care cost to their provider.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

There is no fiscal impact to the state general fund; however, there will be decreased costs to the federal Child Care Development Fund Block Grant.

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted prior to the publication of the proposed rule because rule changes are being made based on recommendations from the Office of Performance Evaluation (OPE), the Idaho Childcare Advisory Council, and Department staff.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rules, contact Genie Sue Weppner or Cheryl Bowers at (208) 334-5815.

# SENATE HEALTH AND WELFARE COMMITTEE

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**DEPARTMENT OF HEALTH & WELFARE**  
**Rules Governing the Idaho Child Care Program**

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**Docket No. 16-0612-0602**  
**PENDING RULE**

Anyone can submit written comments regarding this rulemaking. All written comments and data concerning the rule must be directed to the undersigned and delivered on or before October 25, 2006.

DATED this 10th day of August, 2006.

Sherri Kovach, Program Supervisor  
DHW – Administrative Procedures Section  
450 West State Street - 10th Floor  
P.O. Box 83720, Boise, Idaho 83720-0036  
(208) 334-5564 phone; (208) 334-6558 fax  
kovachs@idhw.state.id.us e-mail

## ***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***

### ***IDAPA 16*** ***TITLE 06*** ***CHAPTER 12***

#### ***16.06.12 - RULES GOVERNING THE IDAHO CHILD CARE PROGRAM (ICCP)***

##### **000. LEGAL AUTHORITY.**

Under Section 56-202, Idaho Code, the Director of the Department of Health and Welfare is authorized to promulgate, adopt, and enforce rules for the administration of public assistance programs. ( )

##### **001. TITLE AND SCOPE.**

**01. Title.** The title of this chapter of rules is IDAPA 16.06.12, “Rules Governing the Idaho Child Care Program (ICCP).” ( )

**02. Scope.** These rules provide the requirements for determining participant and provider eligibility for the Idaho Child Care Program (ICCP) and for issuing child care benefit payments. ( )

##### **002. WRITTEN INTERPRETATIONS.**

There are no written interpretations for these rules. ( )

##### **003. ADMINISTRATIVE APPEALS AND COMPLAINT PROCEDURE.**

**01. Administrative Appeals.** All administrative appeals are governed by provisions



# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE Rules Governing the Idaho Child Care Program

Docket No. 16-0612-0602  
PENDING RULE

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of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." ( )

**02. Complaint Procedure.** The Department will maintain a record of substantiated child protection complaints against child care providers. Information regarding such substantiated child protection complaints is available in accordance with the Section 006 of these rules. ( )

### **004. INCORPORATION BY REFERENCE.**

No documents have been incorporated by reference in this chapter of rules. ( )

### **005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEB SITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. ( )

**02. Mailing Address.** The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. ( )

**03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. ( )

**04. Telephone.** The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. ( )

**05. Internet Web Site.** The Department's internet web site is found at "http://www.healthandwelfare.idaho.gov." ( )

### **006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.**

Any use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." ( )

### **007. -- 009. (RESERVED).**

### **010. DEFINITIONS AND ABBREVIATIONS -- A THROUGH L.**

The following definitions and abbreviations apply to this chapter of rules: ( )

**01. AABD.** Aid to the Aged, Blind, and Disabled. ( )

**02. Child.** Any person under age eighteen (18) under the care of a parent, or a person eighteen (18) years of age or older who is claimed on tax returns as a dependent. ( )

**03. Child Care.** Care, control, supervision, or maintenance of a child provided for compensation by an individual, other than a parent, for less than twenty-four (24) hours in a day. ( )

**04. Department.** The Idaho Department of Health and Welfare. ( )

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**05. Earned Income.** Income received by a person as wages, tips, or self-employment income before deductions for taxes or any other purposes. ( )

**06. Employment.** A job paying wages or salary equal to a 40 hour week at federal or state minimum wage whichever is applicable, including work paid by commission or in-kind compensation. Full or part-time participation in a VISTA or AmeriCorps program is also employment. ( )

**07. Foster Care.** The twenty-four (24) hour substitute care of children provided in a foster home by persons who may or may not be related to a child. Foster care is provided in lieu of parental care and is arranged through a private or public agency. ( )

**08. Foster Child.** A child placed for twenty-four (24) hour substitute care by a private or public agency. ( )

**09. Foster Home.** The private home of an individual or family licensed or approved as meeting the standards for foster care and providing twenty-four (24) hour substitute care to six (6) or fewer children. ( )

**10. In Loco Parentis.** Acting “in loco parentis” means a person who acts in place of a parent, assuming care and custody of a child by a formal or informal agreement with the child's parent. ( )

**11. Job Training and Education Program.** A program designed to provide job training or education. Programs may include high school, junior college, community college, college or university, general equivalency diploma (GED), technical school, and vocational programs. To qualify as a Job Training and Education Program, the program must prepare the trainee for employment. ( )

**12. Licensed Practitioner of the Healing Arts.** A licensed physician, physician assistant, nurse practitioner, or clinical nurse specialist. ( )

### **011. DEFINITIONS AND ABBREVIATIONS -- M THROUGH Z.**

The following definitions and abbreviations apply to this chapter of rules: ( )

**01. Minor Parent.** A parent who is under the age of eighteen (18). ( )

**02. Non-Recurring Lump Sum Income.** Income received by a family in a single payment, not expected to be available to the family again. ( )

**03. Parent.** A person legally responsible for a child because of birth, adoption, marriage, or guardianship; or a person acting in loco parentis. ( )

**04. Preventive Services.** Services needed to reduce or eliminate the need for protective intervention. Preventive services permit families to participate in activities designed to reduce or eliminate the need for out-of-home placement of a child by the Department. ( )

**05. Prospective Income.** Income a family expects to receive within a given time. This

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can be earned or unearned income. ( )

**06. Provider.** An individual, organization, agency, or other entity providing child care. ( )

**07. Relative Provider.** Grandparent, great-grandparent, aunt, uncle, or adult sibling by blood or current marriage who provides child care. ( )

**08. SSI.** Supplemental Security Income. ( )

**09. Special Needs.** Any child with physical, mental, emotional, behavioral disabilities, or developmental delays identified on an Individual Education Plan (IEP) or an Individualized Family Service Plan (IFSP). ( )

**10. TAFI.** Temporary Assistance for Families in Idaho. ( )

**11. Unearned Income.** Unearned income includes income from retirement, interest, child support, and any income received from a source other than employment or self-employment. ( )

**012. -- 099. (RESERVED).**

## ***THE APPLICATION AND ELIGIBILITY DETERMINATION PROCESS*** ***(Sections 100 through 199)***

### **100. APPLICATION FOR CHILD CARE BENEFITS.**

Child care benefits are payments from the Department to child care providers on behalf of eligible families. An application for assistance for child care benefits must be completed, signed by the applicant, and received by the Department. The date of the application is the date it is received by the Department. The applicant must be notified, in writing, of the approval or denial of the application and of the right to appeal, if applicable. ( )

### **101. PARENTAL CHOICE OF CHILD CARE PROVIDER.**

Eligible parents may choose among the following types of child care providers available under ICCP: ( )

**01. Child Care Center.** A child care center cares for thirteen (13) or more children. ( )

**02. Group Child Care.** Group child care is for seven (7) to twelve (12) children. ( )

**03. Family Child Care.** Family child care is for six (6) or fewer children. ( )

**04. Relative Child Care.** Relative child care is for six (6) or fewer children and may only be provided by the child's grandparent, great-grandparent, aunt, uncle, or adult sibling.

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( )

**05. In-Home Child Care.** In-home child care is provided by a relative or non-relative in the home of the child. Eligibility for in-home child care is determined in accordance with Section 400 of these rules. ( )

### **102. RESIDENCY.**

The family must live in the state of Idaho, and have no immediate intention of leaving. ( )

### **103. (RESERVED).**

### **104. FAMILY COMPOSITION.**

A family is a group of individuals living in a common residence, whose combined income is considered in determining eligibility and the child care benefit amount. No individual may be considered a member of more than one (1) family in the same month. The following individuals are included in determining the family composition: ( )

**01. Married Parents.** Married parents living together in a common residence. ( )

**02. Unmarried Parents.** Unmarried parents who live in the same home and who have a child in common living with them. ( )

**03. Dependents.** Individuals who are claimed as dependents for tax purposes. ( )

**04. Minor Parent.** A minor parent and child are considered a separate family when they apply for child care benefits, even if they live with other relatives. ( )

**05. Individual Acting In Loco Parentis.** An individual acting in loco parentis who is eligible to apply for child care benefits. ( )

### **105. ELIGIBLE CHILD.**

A family can only receive child care benefits for eligible children. A child is eligible for child care benefits under the following conditions: ( )

**01. Immunization Requirements.** A child must be immunized in accordance with IDAPA 16.02.11, "Immunization Requirements for Children Attending Licensed Day Care Facilities in Idaho." Child care benefits can continue during a reasonable period necessary for the child to be immunized. Parents must provide evidence that the child has been immunized unless the child is attending school. ( )

**02. Citizenship or Alien Status Requirement.** A child must be one (1) of the following: ( )

**a.** A citizen; ( )

**b.** Living lawfully in the United States. ( )

**03. Child's Age Requirement.** A child must be under thirteen (13) years of age, with

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the following exceptions: ( )

a. A child thirteen (13) years of age or older may be eligible for child care benefits if he meets one (1) or more of the following criteria: ( )

i. A child is eligible for child care benefits until the month of his eighteenth birthday if he is physically or mentally incapable of self-care, as verified by a licensed mental health professional or licensed practitioner of the healing arts. ( )

ii. A child may be eligible for child care benefits until the month of his eighteenth birthday if a court order, probation order, child protection or mental health case plan requires constant supervision. ( )

b. A child who is eligible under Subsection 105.03.a. may receive child care benefits until the month of his nineteenth birthday if he is a full-time student and is expected to complete secondary school no later than the month of his nineteenth birthday. ( )

### 106. INCAPACITATED PARENT.

An incapacitated parent, unable to adequately care for the children in a two (2) parent family, is not required to have any qualifying activities as listed under Section 200 of this chapter of rules, as long as the other parent is participating in qualifying activities. A single parent family in which the parent is incapacitated is not eligible for ICCP. A parent with a disability does not automatically qualify as an incapacitated parent. ( )

### 107. -- 199. (RESERVED).

## **QUALIFYING ACTIVITIES AND REPORTING REQUIREMENTS** (Sections 200 through 299)

### 200. QUALIFYING ACTIVITIES FOR CHILD CARE BENEFITS.

To be eligible for child care benefits, a family must need child care because they are engaged in one (1) of the following activities that qualifies them for child care benefits: ( )

01. **Employment.** The parent is currently employed. ( )

02. **Looking for Employment.** The unemployed parent is looking for employment. This is limited as a qualifying activity to three (3) months in a calendar year. However, when looking for employment is required by the Department, the parent is not subject to this three (3) month limit. ( )

a. Eighty (80) hours of looking for employment will be approved for each of the three (3) months for which this qualifying activity is allowed. The actual amount of payment is based on Section 501 of these rules. ( )

b. When looking for employment is the qualifying activity, it can not be combined with any other qualifying activity listed under Section 200 of these rules. ( )

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**03. Training or Education.** The parent is attending an accredited education or training program. On-line classes cannot be counted as a qualifying activity for child care. Persons with baccalaureate degrees or who are attending post-baccalaureate classes do not qualify for child care benefits. In order for post-secondary education to be considered a qualifying activity, the parent must meet the following requirements: ( )

a. They must work a minimum of ten (10) hours per week; and ( )

b. They must have received less than twenty-four (24) months of child care benefits. ( )

**04. Preventive Services.** The parent is receiving preventive services as defined in Section 011 of these rules. The Department will verify the continued need for preventive services at least every three (3) months. ( )

**05. Personal Responsibility Contract (PRC).** The parent is completing Personal Responsibility Contract (PRC) activities negotiated between the Department and the parent as described in IDAPA 16.03.08, "Rules Governing Temporary Assistance for Families (TAFI) in Idaho." ( )

### 201. REPORTING REQUIREMENTS FOR FAMILIES.

**01. Changes That Must Be Reported Within Ten Days.** A family who applies for or receives child care benefits must report the following changes within ten (10) days of the change: ( )

a. Anyone entering or leaving the household. ( )

b. Change in the rates charged for child care services; ( )

c. Change in the hours or nature of any qualifying activity; ( )

d. Change in the number of hours worked; ( )

e. A permanent change in rate of pay; ( )

f. Any other permanent change in monthly income, either earned or unearned; and ( )

g. A change of address for either the participant or the child care provider. ( )

**02. Changing Providers.** ( )

a. **Changing Providers During the Month.** A parent must notify ICCP by the twenty-fifth of the month of his intent to change providers for the next month of service. ( )

b. **Changing Providers Without Providing Notice.** A parent who chooses to change

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providers without providing notice to the Department and who does not have good cause for failing to report the change, is responsible to pay the new provider for the next month of service.

( )

**202. -- 299. (RESERVED).**

***FINANCIAL CRITERIA FOR ICCP ELIGIBILITY***  
***(Sections 300 through 399)***

**300. INCOME LIMIT.**

A family's income must be less than the published 2005 federal poverty guidelines for one hundred fifty percent (150%) of poverty for a family of the same size. The federal poverty guidelines are available on the U.S. Health and Human Services web site at <http://aspe.hhs.gov/poverty/index.shtml>.

( )

**301. COUNTABLE INCOME.**

All gross earned and unearned income is counted in determining eligibility and the child care benefit amount, unless specifically excluded under Section 302 of these rules. If a self-employed individual has no countable income for a period of three (3) months, the Department will count the current federal minimum wage times the number of activity hours being claimed as income to determine child care benefits.

( )

**302. EXCLUDED INCOME.**

The following sources of income are not counted as family income.

( )

**01. Earned Income of a Dependent Child.** Income earned by a dependent child under age eighteen (18) is not counted, unless the child is a parent who is seeking or receiving child care benefits.

( )

**02. Income Received For Person Not Residing With The Family.** Income received on behalf of a person who is not living in the home.

( )

**03. Educational Funds.** All educational funds including grants, scholarships, an AmeriCorps Education Award, and federal and state work-study income.

( )

**04. Assistance.** Assistance to meet a specific need from other organizations and agencies.

( )

**05. Lump Sum Income.** Non-recurring or lump sum income is excluded as income if it is used to pay medical bills resulting from accident or injury, or used to pay funeral or burial costs. When lump sum income, minus exclusions, exceeds one hundred fifty percent (150%) of the federal poverty limit for a family of the same size, the family is not eligible to receive child care benefits. The period of ineligibility is computed by dividing the lump sum payment by the family's monthly income limit. In no case will the period of ineligibility exceed twelve (12) months.

( )

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- 06. Loans.** Loans with written, signed repayment agreements. ( )
- 07. TAFI and AABD Benefits.** TAFI and AABD benefits. ( )
- 08. Foster Care Payments.** Foster care payments. ( )
- 09. AmeriCorps/VISTA Volunteers.** Living allowances, wages and stipends paid to AmeriCorps or VISTA volunteers under P.L. 93-113, Title IV, Section 404(g) are excluded as income. ( )
- 10. Income Tax Refunds and Earned Income Tax Credits.** Income tax refunds and earned income tax credits are excluded as income. ( )
- 11. Travel Reimbursements.** Reimbursements from employers for work-related travel. ( )
- 12. Tribal Income.** Income received from a tribe for any purpose other than direct wages. ( )
- 13. Foster Parents' Income.** Income of licensed foster parents is excluded when determining eligibility for a child in the custody of the Department. Income is counted when determining eligibility for the foster parent's child(ren). ( )
- 14. Adoption Assistance.** Adoption assistance payments are excluded from income. ( )
- 15. Child Support Payments.** Court-ordered child support payments made by the parent(s) who receive the child care benefits are deducted from income used to determine eligibility. Both the legal obligation to pay child support and the actual amount paid must be verified. ( )
- 303. SELF-EMPLOYMENT INCOME.**  
The family may choose one (1) of the calculation methods below in Subsections 303.01 and 303.02 of this rule to determine income. Income is annualized if the participant has been self-employed for more than one (1) year. The income received over the period of months the business has been operating will be averaged if the participant has been self-employed for less than one (1) year. ( )
- 01. Gross Self-Employment Income.** Gross self-employment income, less fifty percent (50%) for business expenses, is counted as family income. If the participant's current income from his business is different than past income, self-employment income and expenses will be projected based on current circumstances. ( )
- 02. Net Self-Employment Income.** Net self-employment income is calculated from gross income by subtracting the following allowable expenses from the gross income: ( )
- a.** The cost of labor paid to individuals not in the home. ( )



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- b.** The cost of business inventory. ( )
- c.** The cost of material. ( )
- d.** The cost for rent and utilities, advertising, shipping and legal fees. ( )
- e.** The cost of seed and fertilizer. ( )
- f.** Interest paid to purchase income-producing property, including real estate. ( )
- g.** Insurance premiums. ( )
- h.** Taxes paid on income-producing property. ( )
- i.** A vehicle that is an integral part of business activity. ( )

**304. -- 399. (RESERVED).**

**IN-HOME CARE REQUIREMENTS**  
**(Sections 400 through 499)**

**400. REQUIREMENTS FOR IN-HOME CARE UNDER ICCP.**

Parents must contact the Department to request approval of in-home child care. Only parents who have qualified activities outside their home will be considered for in-home care approval. The Department limits the approval of all in-home child care under ICCP to the following circumstances: ( )

**01. Three or More Children in the Home.** There are three (3) or more children in the home who are eligible for ICCP and require child care. ( )

**02. Fewer Than Three Children in the Home.** If there are fewer than three (3) children in the home who are eligible for ICCP and require child care, in-home care will be approved by the Department only when one (1) of the following special circumstances are met: ( )

**a.** Parents' qualifying activity occurs during times when out-of-home care is not available. If child care is needed during any period when out-of-home care is not available, in-home care will be approved for the entire time care is needed. A family is not expected to change between out-of-home and in-home care. ( )

**b.** The family lives in an area where out-of-home care is not available. ( )

**c.** A child has a verified illness or disability that would place the child or other children in an out-of-home facility at risk. ( )

**401. -- 499. (RESERVED).**

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## ***PAYMENT INFORMATION*** ***(Sections 500 through 599)***

### **500. ALLOWABLE CHILD CARE COSTS.**

Care provided to an eligible child by an eligible child care provider is payable subject to the following conditions: ( )

**01. Payment for Employment, Seeking Employment, Training, Education, or Preventive Service Hours.** Child care must be reasonably related to the hours of the parent's qualifying activities. Travel time is included in determining qualifying activities. ( )

**02. Family Member or Guardian Not Payable.** A parent, step-parent, or unmarried parent will not be paid for providing child care to his child. A guardian will not be paid for providing child care to his ward.. ( )

**03. One-Time Registration Fees.** One-time fees for registering a child in a child care facility are payable above the local market rate, if the fee is charged to all who enroll in the facility. Fees may not exceed usual and customary rates charged to all families. Registration fees are separate from local market rates. ( )

**04. Local Market Rates (LMR) for Child Care.** The local market rates are the maximum monthly amounts that ICCP will pay for any given category of child care in a geographic area designated by the Department. The local market rates for child care are established based on a comprehensive survey of child care providers. Using information gathered in the survey, including the age of child, the type of child care, and the designated area where the provider does business, a local market rate is specified for each category of child care. The rate survey is conducted biannually. However, due to budgetary considerations, the Department may opt not to update the rate structure following a survey. ( )

### **501. AMOUNT OF PAYMENT.**

Child Care payments will be based on Subsections 501.01 through 501.04 of these rules. ( )

**01. Payment Rate.** Payment will be based on the lower of the billed cost of child care, or the local market rate. ( )

**a.** The local market rate is determined from a survey of providers' child care charges which is conducted every two years. The local market rate is set at the seventy-fifth percentile and updated as the budget allows. ( )

**b.** Each Region has a separate local market rate. Payment rates will be determined by the location of the child care facility. ( )

**c.** If the child care facility is not in Idaho, the local market rate will be the rate where the family lives. ( )

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d. The rate survey will be conducted at least every two (2) years. ( )

**02. Usual and Customary Rates.** Rates charged by the child care provider must not exceed the usual and customary rates charged to all families. ( )

**03. In-Home Care.** Parents are responsible to pay persons providing care in the child's home the minimum wage, as required by the Fair Labor Standards Act (29 U.S.C. 206a) and other applicable state and federal requirements. Department payments must not exceed the lower of the hourly federal minimum wage or actual cost of care. ( )

**04. Payments.** Payments will be issued directly to eligible providers. A warrant may be issued to a parent only when the parent provides proof the provider was paid in full, and no longer provides child care for the family. ( )

### 502. SLIDING FEE SCHEDULES.

Eligible families, except TAFI families participating in non-employment TAFI activities, must pay part of their child care costs. ( )

**01. Poverty Rates.** Poverty rates will be 150% of the federal fiscal year 2005 established rates published in the Federal Register. The monthly rate will be calculated by dividing the yearly rate by twelve (12) ( )

**02. Calculating Family Payment.** Families must pay the provider their share of costs for child care services which includes the families co-payments and any provider charges upon the payment made by the Department. Family income for the month of the child care will determine the family share of child care costs. The payment made by the Department will be the allowable local market rate or billed costs, whichever is lower, less the co-payment listed in the following table: ( )

FAMILY CO-PAYMENT REQUIREMENTS - ICCP SLIDING FEE SCHEDULE									
FAMILY SIZE	2	3	4	5	6	7	8	9	10
MONTHLY INCOME	PERCENTAGE OF CHILD CARE COST FAMILY MUST PAY								
\$0 - \$499	5%	5%	5%	5%	5%	5%	5%	5%	5%
\$500 - \$599	10%	5%	5%	5%	5%	5%	5%	5%	5%
\$600 - \$699	10%	10%	5%	5%	5%	5%	5%	5%	5%
\$700 - \$799	10%	10%	10%	5%	5%	5%	5%	5%	5%
\$800 - \$899	15%	10%	10%	10%	5%	5%	5%	5%	5%
\$900 - \$999	20%	10%	10%	10%	10%	5%	5%	5%	5%
\$1,000 - \$1,099	20%	10%	10%	10%	10%	5%	5%	5%	5%
\$1,100 - \$1,149	25%	15%	10%	10%	10%	10%	5%	5%	5%
\$1,150 - \$1,199	30%	15%	10%	10%	10%	10%	5%	5%	5%

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FAMILY SIZE	2	3	4	5	6	7	8	9	10
MONTHLY INCOME	PERCENTAGE OF CHILD CARE COST FAMILY MUST PAY								
\$1,200 - \$1,299	35%	15%	10%	10%	10%	10%	10%	5%	5%
\$1,300 - \$1,319	40%	20%	15%	10%	10%	10%	10%	5%	5%
\$1,320 - \$1,349	45%	20%	15%	10%	10%	10%	10%	10%	5%
\$1,350 - \$1,379	50%	20%	15%	10%	10%	10%	10%	10%	5%
\$1,380 - \$1,399	55%	20%	15%	10%	10%	10%	10%	10%	5%
\$1,400 - \$1,439	60%	20%	20%	10%	10%	10%	10%	10%	5%
\$1,440 - \$1,469	65%	20%	20%	10%	10%	10%	10%	10%	5%
\$1,470 - \$1,489	65%	25%	20%	10%	10%	10%	10%	10%	5%
\$1,490 - \$1,499	70%	30%	20%	10%	10%	10%	10%	10%	5%
\$1,500 - \$1,539	75%	35%	20%	15%	10%	10%	10%	10%	10%
\$1,540 - \$1,569	80%	40%	25%	15%	10%	10%	10%	10%	10%
\$1,570 - \$1,603	85%	45%	25%	20%	10%	10%	10%	10%	10%
\$1,604 - \$1,619	100%	50%	25%	20%	10%	10%	10%	10%	10%
\$1,620 - \$1,649	100%	55%	30%	20%	10%	10%	10%	10%	10%
\$1,650 - \$1,699	100%	60%	30%	20%	10%	10%	10%	10%	10%
\$1,700 - \$1,799	100%	65%	30%	20%	15%	10%	10%	10%	10%
\$1,800 - \$1,849	100%	70%	35%	20%	15%	10%	10%	10%	10%
\$1,850 - \$1,899	100%	75%	35%	20%	15%	10%	10%	10%	10%
\$1,900 - \$1,949	100%	80%	35%	25%	15%	10%	10%	10%	10%
\$1,950 - \$2,010	100%	85%	35%	25%	15%	10%	10%	10%	10%
\$2,011 - \$2,025	100%	100%	40%	30%	20%	15%	10%	10%	10%
\$2,026 - \$2,074	100%	100%	45%	30%	20%	15%	10%	10%	10%
\$2,075 - \$2,099	100%	100%	50%	30%	20%	15%	10%	10%	10%
\$2,100 - \$2,124	100%	100%	55%	30%	20%	15%	10%	10%	10%
\$2,125 - \$2,149	100%	100%	60%	35%	20%	15%	10%	10%	10%
\$2,150 - \$2,174	100%	100%	65%	30%	20%	20%	10%	10%	10%
\$2,175 - \$2,199	100%	100%	70%	35%	20%	20%	10%	10%	10%
\$2,200 - \$2,239	100%	100%	75%	35%	20%	20%	15%	10%	10%
\$2,240 - \$2,269	100%	100%	80%	35%	20%	20%	15%	10%	10%
\$2,270 - \$2,299	100%	100%	80%	35%	20%	20%	15%	10%	10%
\$2,300 - \$2,329	100%	100%	85%	40%	25%	20%	20%	10%	10%
\$2,330 - \$2,369	100%	100%	85%	45%	25%	20%	20%	10%	10%

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FAMILY SIZE	2	3	4	5	6	7	8	9	10
MONTHLY INCOME	PERCENTAGE OF CHILD CARE COST FAMILY MUST PAY								
\$2,370 - \$2,399	100%	100%	90%	50%	30%	20%	20%	10%	10%
\$2,400 - \$2,418	100%	100%	95%	55%	35%	20%	20%	15%	10%
\$2,419 - \$2,469	100%	100%	100%	60%	35%	20%	20%	15%	10%
\$2,470 - \$2,500	100%	100%	100%	65%	35%	20%	20%	15%	10%
\$2,501 - \$2,549	100%	100%	100%	70%	35%	20%	20%	15%	10%
\$2,550 - \$2,599	100%	100%	100%	75%	40%	25%	20%	20%	15%
\$2,600 - \$2,739	100%	100%	100%	80%	45%	25%	20%	20%	15%
\$2,740 - \$2,799	100%	100%	100%	85%	50%	30%	20%	20%	15%
\$2,800 - \$2,825	100%	100%	100%	90%	55%	30%	20%	20%	15%
\$2,826 - \$2,899	100%	100%	100%	100%	60%	30%	20%	20%	20%
\$2,900 - \$2,925	100%	100%	100%	100%	65%	35%	25%	20%	20%
\$2,926 - \$2,999	100%	100%	100%	100%	70%	35%	25%	20%	20%
\$3,000 - \$3,029	100%	100%	100%	100%	75%	40%	30%	20%	20%
\$3,030 - \$3,069	100%	100%	100%	100%	80%	45%	30%	20%	20%
\$3,070 - \$3,099	100%	100%	100%	100%	85%	50%	30%	20%	20%
\$3,100 - \$3,149	100%	100%	100%	100%	90%	55%	35%	25%	20%
\$3,150 - \$3,233	100%	100%	100%	100%	95%	60%	35%	25%	20%
\$3,234 - \$3,299	100%	100%	100%	100%	100%	65%	35%	25%	20%
\$3,300 - \$3,349	100%	100%	100%	100%	100%	65%	40%	30%	20%
\$3,350 - \$3,399	100%	100%	100%	100%	100%	70%	45%	30%	20%
\$3,400 - \$3,449	100%	100%	100%	100%	100%	75%	50%	30%	25%
\$3,450 - \$3,499	100%	100%	100%	100%	100%	80%	55%	35%	25%
\$3,500 - \$3,599	100%	100%	100%	100%	100%	85%	60%	35%	25%
\$3,600 - \$3,640	100%	100%	100%	100%	100%	90%	65%	35%	25%
\$3,641 - \$3,749	100%	100%	100%	100%	100%	100%	65%	40%	30%
\$3,750 - \$3,775	100%	100%	100%	100%	100%	100%	70%	45%	30%
\$3,776 - \$3,849	100%	100%	100%	100%	100%	100%	75%	50%	30%
\$3,850 - \$3,899	100%	100%	100%	100%	100%	100%	80%	55%	35%
\$3,900 - \$3,999	100%	100%	100%	100%	100%	100%	85%	60%	35%
\$4,000 - \$4,025	100%	100%	100%	100%	100%	100%	90%	65%	40%
\$4,026 - \$4,048	100%	100%	100%	100%	100%	100%	95%	70%	45%
\$4,049 - \$4,199	100%	100%	100%	100%	100%	100%	100%	75%	50%

# SENATE HEALTH AND WELFARE COMMITTEE

## DEPARTMENT OF HEALTH & WELFARE Rules Governing the Idaho Child Care Program

**Docket No. 16-0612-0602**  
**PENDING RULE**

FAMILY CO-PAYMENT REQUIREMENTS - ICCP SLIDING FEE SCHEDULE									
FAMILY SIZE	2	3	4	5	6	7	8	9	10
MONTHLY INCOME	PERCENTAGE OF CHILD CARE COST FAMILY MUST PAY								
\$4,200 - \$4,299	100%	100%	100%	100%	100%	100%	100%	80%	55%
\$4,300 - \$4,399	100%	100%	100%	100%	100%	100%	100%	85%	60%
\$4,400 - \$4,455	100%	100%	100%	100%	100%	100%	100%	90%	65%
\$4,456 - \$4,499	100%	100%	100%	100%	100%	100%	100%	100%	70%
\$4,500 - \$4,599	100%	100%	100%	100%	100%	100%	100%	100%	75%
\$4,600 - \$4,699	100%	100%	100%	100%	100%	100%	100%	100%	80%
\$4,700 - \$4,799	100%	100%	100%	100%	100%	100%	100%	100%	85%
\$4,800 - \$4,863	100%	100%	100%	100%	100%	100%	100%	100%	90%
\$4,864 - \$4,899	100%	100%	100%	100%	100%	100%	100%	100%	100%
\$4,900 +	100%	100%	100%	100%	100%	100%	100%	100%	100%
* Maximum Income for ICCP Benefits:									
\$1,604 for household of 2					\$3,641 for household of 7				
\$2,011 for household of 3					\$4,049 for household of 8				
\$2,419 for household of 4					\$4,456 for household of 9				
\$2,826 for household of 5					\$4,864 for household of 10				
\$3,234 for household of 6									

\*Maximum Income (or Eligibility for Payment) Based on 150% of Poverty (2005 Poverty Tables). ( )

### 503. INTERIM CHILD CARE PAYMENT.

A family that uses a relative provider is not eligible for interim child care payments. If child care arrangements would otherwise be lost, child care may be paid under the following conditions: ( )

**01. Break in Employment or Education.** During a break in employment or education of one (1) month or less. ( )

**02. Children Temporarily Out of the Home.** While children are temporarily away from the home for a period of one (1) month or less. ( )

504. -- 599. (RESERVED).

## *CHANGE REPORTING REQUIREMENTS FOR THOSE RECEIVING CHILD CARE*

# SENATE HEALTH AND WELFARE COMMITTEE

**DEPARTMENT OF HEALTH & WELFARE**  
**Rules Governing the Idaho Child Care Program**

**Docket No. 16-0612-0602**  
**PENDING RULE**

## ***BENEFITS*** ***(Sections 600 through 699)***

### **600. DEPARTMENT ACTION ON CHANGES.**

The Department must take action on the following reported changes: ( )

**01. Change in Income or Hours of Activity.** If a change in income or hours of qualifying activity results in a decrease in the amount of the child care benefit, the Department will make the change effective the month following the month the change is reported. ( )

**02. Change in Billed Amount.** If the billed amount of child care results in a decrease in the amount of the child care benefit, the Department will make the changes effective in the month the changes were reported. ( )

**03. Change Resulting in An Increase.** If a change results in an increase in the amount of the child care benefit, the Department will make the change effective in the month the changes were reported. ( )

### **601. REDETERMINATION OF ELIGIBILITY FOR CHILD CARE BENEFITS.**

The Department must redetermine eligibility for child care benefits at least every six (6) months. Eligibility must be redetermined more often than every six (6) months for the following qualifying activities: ( )

**01. Work Search.** An individual is eligible to participate in work search activities for up to three (3) months in a calendar year. The Department must redetermine eligibility monthly for each individual participating in work search and determine if he intends to use another month of eligibility. ( )

**02. Preventive Services.** The Department must redetermine eligibility every three (3) months for each family in which child care is needed for preventive services. ( )

**03. Education Activities.** The Department must redetermine eligibility at the end of each semester or term for parents engaged in educational activities. ( )

**602. -- 699. (RESERVED).**

## ***PAYMENT ADJUSTMENTS AND PENALTIES*** ***(Sections 700 through 704)***

### **700. UNDERPAYMENT OF CHILD CARE BENEFITS.**

When the Department has underpaid a family's child care benefits, a supplemental payment will be made. ( )

### **701. OVERPAYMENTS AND RECOVERY.**

An overpayment for child care services may occur as the result of Department, family or provider

# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE Rules Governing the Idaho Child Care Program

Docket No. 16-0612-0602  
PENDING RULE

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error, intentional program violations (IPV), or fraud, as established by a judicial or administrative determination as described in Section 56-227, Idaho Code. Recovery of an overpayment based on Department error may be collected from parents or providers when the overpayment is one hundred dollars (\$100), or more. An overpayment due to family or provider error, IPV or fraud must be recovered in full. ( )

**01. Provider Repayment Requirement.** A provider must repay any overpayment resulting from the provider's failure to report changes within ten (10) days as required under Section 807 of these rules. A provider may negotiate a repayment schedule with the Department. Failure to comply with the negotiated repayment agreement will result in loss of eligibility to receive ICCP payments. Ineligibility will continue until the provider repays the overpayment or a new repayment agreement is negotiated with the Department. ( )

**02. Parental Repayment Requirement.** A parent must repay any overpayment resulting from the parent's failure to report changes within ten (10) days as required in Section 201 of these rules. The parent may negotiate a repayment schedule with the Department. Failure to comply with the negotiated repayment agreement will result in loss of the family's eligibility to receive child care benefits. Ineligibility will continue until the parent repays the overpayment or a new repayment agreement is negotiated with the Department. ( )

### **702. INTENTIONAL PROGRAM VIOLATIONS (IPV).**

An IPV is an intentionally false or misleading action or statement as identified below in Subsections 702.01 through 702.08 of this rule. An IPV is established when a family member or the child care provider admits the IPV in writing and waives the right to an administrative hearing, or when determined by an administrative hearing, a court decision, or through deferred adjudication. Deferred adjudication exists when the court defers a determination of guilt because the accused family member or child care provider meets the terms of a court order or an agreement with the prosecutor. ( )

**01. False Statement.** An individual makes a false statement to the Department, either orally or in writing, in order to participate in the Idaho Child Care Program. ( )

**02. Misleading Statement.** An individual makes a misleading statement to the Department, either orally or in writing, to participate in the Idaho Child Care Program. ( )

**03. Misrepresentation of Fact.** An individual misrepresents one (1) or more facts to the Department, either orally or in writing, to participate in the Idaho Child Care Program. ( )

**04. Concealing Fact.** An individual conceals or withholds one (1) or more facts to participate in the Idaho Child Care Program. ( )

**05. Non-Compliance With Rules and Regulations.** An individual fails repeatedly or substantially to comply with this chapter of rules. ( )

**06. Violation of Provider Agreement.** An individual knowingly violates any term of his provider agreement. ( )

**07. Failure to Repay.** An individual has failed to repay, or was a managing employee



# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE Rules Governing the Idaho Child Care Program

Docket No. 16-0612-0602  
PENDING RULE

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or had an ownership or control interest in any entity that has failed to repay, any overpayments or claims previously found to have been obtained contrary to statute, rule, regulation, or provider agreement. ( )

**08. Failure to Meet Qualifications.** A provider fails to meet the qualifications specifically required by this chapter of rules or by any applicable licensing board. ( )

### **703. PENALTIES FOR AN IPV.**

When the Department determines an IPV was committed, the party who committed the IPV loses eligibility for ICCP. If an individual has committed an IPV, the entire family is ineligible for child care benefits. If a child care provider has committed an IPV, the provider is ineligible to receive payments. The period of ineligibility for each offense, for both participants and providers, is as follows: ( )

**01. First Offense.** Twelve (12) months, for the first IPV or fraud offense, or the length of time specified by the court. ( )

**02. Second Offense.** Twenty-four (24) months for the second IPV or fraud offense, or the length of time specified by the court. ( )

**03. Third Offense.** Permanent ineligibility for the third or subsequent IPV or fraud offense, or the length of time specified by the court. ( )

### **704. FUNDING RESTRICTIONS.**

If a funding shortfall is projected, the Department may reduce child care benefits to ensure that ICCP operates within its financial resources. ( )

**705. -- 799. (RESERVED).**

## ***PROVIDER ELIGIBILITY*** ***(Sections 800 through 805)***

### **800. CHILD CARE PROVIDER LICENSING.**

All providers of child care who receive a Department subsidy must be licensed and must comply with: applicable State Day Care licensing requirements in Title 39, Chapter 11, Idaho Code; these rules; local licensing ordinances; or tribal ordinances. If both state requirements and ordinances apply to a provider, the provider must comply with the stricter requirement. A provider operating outside Idaho must comply with the licensing laws of his state or locality. ( )

### **801. LIMIT ON PROVIDER PAYMENT.**

ICCP will not pay for in-home child care if the provider lives at the same address as the child, unless the child care provider is a relative who is not acting “in loco parentis.” A roommate, significant other, cousin, or any other individual that lives in the same home as the child will not be paid for providing child care. ( )

### **802. HEALTH AND SAFETY REQUIREMENTS.**

# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF HEALTH & WELFARE Rules Governing the Idaho Child Care Program

Docket No. 16-0612-0602  
PENDING RULE

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All providers must submit a written statement that they comply with the health and safety requirements listed in Subsections 802.01 through 802.10 of these rules. The provider must agree to a health and safety inspection. Compliance with these standards does not exempt a provider from complying with stricter health and safety standards under state law, tribal law, local ordinance, or other applicable law. ( )

**01. Age of Provider.** All child care providers providing services must be eighteen (18) years old or older. Persons sixteen (16) or seventeen (17) years old may provide child care if they have direct, on-site supervision from a licensed child care provider who is at least eighteen (18) years old. ( )

**02. Sanitary Food Preparation.** Food for use in child care facilities must be prepared and served in a sanitary manner. Utensils and food preparation surfaces must be cleaned and sanitized before using to prevent contamination. ( )

**03. Food Storage.** All food served in child care facilities must be stored to protect it from potential contamination. ( )

**04. Hazardous Substances.** Medicines, cleaning supplies, and other hazardous substances must be stored out of the reach of children. ( )

**05. Emergency Communication.** A telephone or some type of emergency communication system is required. ( )

**06. Smoke Detectors, Fire Extinguisher and Exits.** A properly installed and operational smoke detector must be on the premises where child care occurs. Adequate fire extinguishers and fire exits must be available on the premises. ( )

**07. Hand Washing.** Each provider shall wash his hands with soap and water at regular intervals, including before feeding, after diapering or assisting children with toileting, after nose wiping, and after administering first aid. ( )

**08. CPR/First Aid.** Providers shall insure that at all times children are present at least one (1) adult on the premises has current certification in pediatric rescue breathing and first aid treatment from a certified instructor. ( )

**09. Health of Provider.** Each provider shall certify that he/she does not have a communicable disease or have any physical or psychological condition that might pose a threat to the safety of a child in his/her care. ( )

**10. Child Abuse.** Providers must report suspected child abuse to the appropriate authority. ( )

### **803. CHILD CARE PROVIDER AGREEMENT.**

All providers must sign and comply with a provider agreement. ( )

### **804. CONVICTION OR WITHHELD JUDGMENT.**

# SENATE HEALTH AND WELFARE COMMITTEE

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**DEPARTMENT OF HEALTH & WELFARE**  
**Rules Governing the Idaho Child Care Program****Docket No. 16-0612-0602**  
**PENDING RULE**

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Child care providers must certify that they have not been convicted or received a withheld judgment, for any of the following crimes: homicide, kidnaping, arson, assault and battery, or sexual abuse of a child. A self-declaration must be signed by each provider, attesting he has not been convicted or received a withheld judgment for any of the above listed crimes, including the following: a sex crime as defined in Chapter 66, Title 18, Idaho Code, or any similar provision in another jurisdiction; rape as defined in Chapter 61, Title 18, Idaho Code, or any similar provision in another jurisdiction; injuring a child as defined in Section 18-1501, Idaho Code, or any similar provision in another jurisdiction; selling or bartering a child as defined in Section 18-1511, Idaho Code, or any similar provision in another jurisdiction; sexually abusing a child as defined in Section 18-1506, Idaho Code, or any similar provision in another jurisdiction; sexually exploiting a child as defined in Section 18-1507, Idaho Code, or any similar provision in another jurisdiction. ( )

**805. PURVIEW OF CHILD PROTECTIVE ACT OR JUVENILE JUSTICE REFORM ACT.**

Providers must certify that they are not, through stipulation or adjudication, under the purview of the Child Protective Act, Section 16-1600, Idaho Code, or the Juvenile Corrections Act, Section 20-501 through 20-547, Idaho Code. Any person who has a valid child protection complaint cannot be a provider. ( )

**806. PARENT OR CARETAKER ACCESS TO CHILD CARE PREMISES.**

Providers serving families who receive a child care subsidy shall allow parents or caretakers unlimited access to their children and to persons giving care, except that access to children will not be required if prohibited by court order. ( )

**807. REPORTING REQUIREMENTS FOR PROVIDERS.**

A child care provider must report any of the following changes within ten (10) days: ( )

**01. Change in Provider Charges.** The provider changes any rate for child care services. ( )

**02. Child Stops Attending Care.** A child covered under ICCP stops attending child care, or is taken to another child care provider. ( )

**03. Change of Provider Address.** The provider changes the location where child care is provided. ( )

**04. Change in Who Lives in Home.** An individual who provides child care in his home must report when any other person moves into the home. ( )

**05. Intent Not to Renew License.** The provider intends not to renew his license, or other required certifications. ( )

**808. -- 999. (RESERVED).**

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 22 - STATE BOARD OF MEDICINE**

### **22.01.04 - RULES OF THE BOARD OF MEDICINE FOR REGISTRATION OF SUPERVISING AND DIRECTING PHYSICIANS**

#### **DOCKET NO. 22-0104-0601 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** This rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. The rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 54-1804, 54-1806(2)(7) and (11), 54-1807(2), and 54-1814(5)(7) and (17), Idaho Code.

**DESCRIPTIVE SUMMARY:** The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the October 4, 2006 Idaho Administrative Bulletin, Vol. 06-10, pages 353 through 358.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased. This fee or charge is being imposed pursuant to Sections 54-1806(11) and 54-1807(2), Idaho Code. The fee schedule has been broadened to include registration of supervising physicians who are responsible for and supervise the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-ablative and non-incisive by medical personnel, however, there will be no increase in fees.

Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the proposed rule, contact Nancy M. Kerr, Executive Director, Idaho State Board of Medicine, (208) 327-7000.

DATED this 15th day of December, 2006.

***THIS NOTICE WAS PUBLISHED WITH THE PROPOSED RULE***

# SENATE HEALTH AND WELFARE COMMITTEE

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## **STATE BOARD OF MEDICINE Registration of Supervising & Directing Physicians**

**Docket No. 22-0104-0601  
PENDING RULE**

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 54-1804, 54-1806(2)(7) and (11), 54-1807(2), and 54-1814(5)(7) and (17), Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 18, 2006.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

These proposed rules add a new section for the registration of those physicians who are responsible for and supervise the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative by medical personnel. The proposed rules add definitions, provide for the duties and responsibilities of supervising physicians of medical personnel providing such cosmetic treatments, including at those locations that are remote or non-medical, describes training requirements and outlines scope of cosmetic treatments of medical personnel. The legal authority for this change is found in Sections 54-1804, 54-1806(2) and (7) and 54-1814, Idaho Code.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

The fee schedule has been broadened to include registration of supervising physicians of medical personnel who provide cosmetic treatments using prescriptive medical/cosmetic devices and products, however, there will be no increase in fees. This fee or charge is being imposed pursuant to Sections 54-1806(11) and 54-1807(2), Idaho Code.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted, however, input was obtained and principle issues were addressed during several open meetings with health care professionals, physicians who own or purchase prescriptive medical/cosmetic devices and products, spa owners and the public.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Nancy M. Kerr, Executive Director, Idaho State Board of Medicine, (208) 327-7000.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 25, 2006.

# SENATE HEALTH AND WELFARE COMMITTEE

**STATE BOARD OF MEDICINE**  
**Registration of Supervising & Directing Physicians**

**Docket No. 22-0104-0601**  
**PENDING RULE**

DATED this 22nd day of August, 2006.

Nancy M. Kerr, Executive Director  
Idaho State Board of Medicine  
1755 Westgate Drive  
PO Box 83720, Boise, ID 83720-0058  
(208) 327-7000, Fax (208) 327-7005

## ***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***

### **000. LEGAL AUTHORITY.**

Pursuant to Sections ~~54-1804, 54-1806(2)(7) and (11), 54-1807(1)(2), 54-1814(5)(7) and (17), 54-3902(7), and 54-3903~~, Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern the activities of physicians and osteopathic physicians licensed in Idaho, who supervise the practice of physician assistants, graduate physician assistants, interns, externs, residents, ~~and or~~ athletic trainers or who supervise the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products by medical personnel. ~~(4-6-05)( )~~

### **001. TITLE AND SCOPE.**

**01. Title.** The rules shall be cited as IDAPA 22.01.04, "Rules of the Board of Medicine for Registration of Supervising and Directing Physicians." (3-16-04)

**02. Scope.** These rules govern the activities of physicians and osteopathic physicians licensed in Idaho, who supervise the practice of physician assistants, graduate physician assistants, interns, externs, residents, ~~and or~~ athletic trainers or who supervise the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products by medical personnel. ~~(4-6-05)( )~~

## ***(BREAK IN CONTINUITY OF SECTIONS)***

### **010. DEFINITIONS.**

**01. Alternate Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer in the temporary absence of the directing physician. (3-16-04)

**02. Alternate Supervising Physician.** An Idaho licensed physician who is registered with the Board pursuant to this chapter and who has full responsibility for the medical acts and practice of a physician assistant or graduate physician assistant in the temporary absence of the

# SENATE HEALTH AND WELFARE COMMITTEE

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## STATE BOARD OF MEDICINE Registration of Supervising & Directing Physicians

Docket No. 22-0104-0601  
PENDING RULE

supervising physician. An alternate supervising physician shall not supervise more than three (3) such licensees contemporaneously. The Board, however, may authorize an alternate supervising physician to supervise a total of six (6) such licensees contemporaneously if necessary to provide adequate medical care and upon prior petition documenting adequate safeguards to protect the public health and safety. (4-6-05)

**03. Alternate Supervising Physician for Externs, Interns, and Residents.** A physician licensed to practice medicine and surgery or licensed to practice osteopathic medicine and surgery in Idaho who has been designated by the supervising physician and approved by and registered by the Board to supervise the extern, intern, or resident in the temporary absence of the supervising physician. (3-16-04)

**04. Alternate Supervising Physician of Medical Personnel.** An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and/or products provided by medical personnel in the temporary absence of the supervising physician. An alternate supervising physician shall not supervise more than three (3) such medical personnel contemporaneously. The Board, however, may authorize an alternate supervising physician to supervise a total of six (6) medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. ( )

**045. Athletic Trainer.** A person who has met the qualifications for licensure as set forth in Title 54, Chapter 39, Idaho Code, is licensed under that chapter, and carries out the practice of athletic training under the direction of a designated Idaho licensed physician, registered with the Board. (3-16-04)

**056. Board.** The Idaho State Board of Medicine established pursuant to Section 54-1805, Idaho Code. (3-16-04)

**067. Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-16-04)

**078. Extern.** Any bona fide student enrolled in an acceptable school of medicine as defined in IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho," Subsection 010.03, who has not received his degree. (3-16-04)

**089. Graduate Physician Assistant.** A person who is a graduate of an approved program for the education and training of physician assistants and who meets all the requirements in IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," for Idaho licensure but has not yet taken and passed the certification examination, and who has been authorized by the Board, as defined in IDAPA 22.01.03, Subsection 036.01, to render patient services under the direction of a supervising physician for a period of six (6) months or has passed the certification examination but who has not yet obtained a college baccalaureate degree, and who has been

# SENATE HEALTH AND WELFARE COMMITTEE

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## STATE BOARD OF MEDICINE Registration of Supervising & Directing Physicians

Docket No. 22-0104-0601  
PENDING RULE

authorized by the Board, as defined in IDAPA 22.01.03, Subsection 036.02, to render patient services under the direction of a supervising physician for a period of not more than five (5) years. (3-16-04)

~~0910.~~ **Intern.** Any person who has completed a course of study at an acceptable school of medicine as defined in IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho," Subsection 010.03, and who is enrolled in a postgraduate medical training program. (3-16-04)

**11. Medical Personnel.** An individual who provides cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative under the direction and supervision of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. ( )

**102. Physician.** A physician who holds a current active license issued by the Board to practice medicine and surgery or osteopathic medicine and surgery in Idaho and is in good standing with no restrictions upon or actions taken against his license. (3-16-04)

**143. Physician Assistant.** Any person duly licensed with the Board as a physician assistant to render patient services under the direction of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. (3-16-04)

**124. Resident.** Any person who has completed a course of study at an acceptable school of medicine as defined in IDAPA 22.01.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Surgery and Osteopathic Medicine and Surgery in Idaho," Subsection 010.03, and who is enrolled in a postgraduate medical training program. (3-16-04)

**135. Supervising Physician.** Any physician who is registered with the Board pursuant to this chapter and who supervises and has responsibility for the medical acts of and patient services provided by a physician assistant or graduate physician assistant. A supervising physician shall not supervise more than a total of three (3) such licensees contemporaneously. The Board, however, may authorize a supervising physician to supervise a total of six (6) such licensees contemporaneously if necessary to provide adequate medical care and upon prior petition documenting adequate safeguards to protect the public health and safety. (4-6-05)

**146. Supervising Physician of Interns, Externs, or Residents.** Any person approved by and registered with the Board who is licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, who signs the application for registration of an extern, intern or resident, and who is responsible for the direction and supervision of their activities. ~~(3-16-04)~~( )

**17. Supervising Physician of Medical Personnel.** An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel. A supervising physician shall not supervise more than a total of three (3) such medical personnel contemporaneously. The Board, however, may authorize a supervising



# SENATE HEALTH AND WELFARE COMMITTEE

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physician to supervise a total of six (6) medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. ( )

### (BREAK IN CONTINUITY OF SECTIONS)

#### **023. SUPERVISING PHYSICIANS OF MEDICAL PERSONNEL.**

Prescriptive medical/cosmetic devices and products penetrate and alter human tissue and can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation and hyperpigmentation. Cosmetic treatments using such prescriptive medical/cosmetic devices and products is the practice of medicine as defined in Section 54-1803(1), Idaho Code. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. ( )

##### **01. Definitions.** ( )

**a.** Ablative. Ablative is the separation, eradication, removal or destruction of human tissue. ( )

**b.** Incisive. Incisive is the power and quality of cutting of human tissue. ( )

**c.** Cosmetic Treatment. An aesthetic treatment prescribed by a physician for a patient that uses prescriptive medical/cosmetic devices and products to alter human tissue. ( )

**d.** Prescriptive Medical/Cosmetic Device. A federal food and drug administration approved prescriptive device that uses waveform energy including, but not limited to, intense pulsed light or lasers, to cosmetically alter human tissue. ( )

**e.** Prescriptive Medical/Cosmetic Product. A federal food and drug administration approved prescriptive product whose primary intended use of the product is achieved through chemical action and cosmetically alters human tissue including, but not limited to, filler substances such as collagen or fat; lipo transfer; muscle immobilizers or sclerosing agents. ( )

**02. Duties and Responsibilities of Supervising Physicians.** The supervising physician accepts full responsibility for cosmetic treatments provided by medical personnel using prescriptive medical/cosmetic devices and products and for the supervision of such treatments. The supervising physician shall be trained in the safety and use of prescriptive medical/cosmetic devices and products. ( )

**a.** Patient Record. The supervising physician must document an adequate legible patient record of his evaluation and assessment of the patient prior to a cosmetic treatment. An adequate patient record must contain, at a minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care including, but not limited to, a prescription for prescriptive medical/cosmetic devices and products. ( )

# SENATE HEALTH AND WELFARE COMMITTEE

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## STATE BOARD OF MEDICINE Registration of Supervising & Directing Physicians

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**b.** Available Supervision. The supervising physician shall be on-site or immediately available to respond promptly to any questions or problems that may occur while a cosmetic treatment is being performed by medical personnel using prescriptive medical/cosmetic devices and products. Such supervision shall include, but is not limited to: ( )

i. Periodic review of the medical records to evaluate the cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and ( )

ii. Regularly scheduled conferences between the supervising physician and such medical personnel. ( )

**c.** Scope of Cosmetic Treatments. Medical personnel providing cosmetic treatments are limited to using prescriptive medical/cosmetic devices and products that are exclusively non-incisive and non-ablative. The supervising physician shall ensure cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel shall be limited to and consistent with the scope of practice of the supervising physician. The supervising physician shall ensure medical personnel shall not independently provide cosmetic treatments using prescriptive medical/cosmetic devices and products. ( )

i. The supervising physician shall ensure that, with respect to each procedure performed, the medical personnel possess the proper training in cutaneous medicine, the indications for the prescribed treatment, and the pre- and post-procedure care involved; and ( )

ii. The supervising physician shall prepare a written protocol for medical personnel to follow when using prescriptive medical/cosmetic devices and products. The supervising physician is responsible for ensuring that the medical personnel use prescriptive medical/cosmetic devices and products only in accordance with the written protocol and do not exercise independent judgment when using prescriptive medical/cosmetic devices and products. ( )

**d.** Training Requirements. Medical personnel who provide cosmetic treatments using prescriptive medical/cosmetic devices and products must have training and be certified by their supervising physicians on each device or product they will use. The training on each device or product must include the following: ( )

i. Physics and safety of the prescriptive medical/cosmetic devices and products; ( )

ii. Basic principle of the planned procedure and treatment; ( )

iii. Clinical application of the prescriptive medical/cosmetic devices and products including, but not limited to, wavelengths to be used with intense pulsed light/lasers; ( )

iv. Indications and contraindications for the use of the prescriptive medical/cosmetic devices and products; ( )

v. Pre-procedure and post-procedure care; ( )

# SENATE HEALTH AND WELFARE COMMITTEE

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## STATE BOARD OF MEDICINE Registration of Supervising & Directing Physicians

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vi. Recognition and acute management of complications that may result from the procedure or treatment; and ( )

vii. Infectious disease control procedures required for each treatment. ( )

viii. The supervising physician shall assure compliance with the training and reporting requirements of this rule. ( )

ix. The supervising physician shall submit a "Certification of Training," upon a form provided by the Board, to the Board for approval prior to the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products by medical personnel. The Board may require the supervising physician to provide additional written information, which may include his affidavit attesting to the medical personnel's qualifications and clinical abilities to perform cosmetic treatments using prescriptive medical/cosmetic devices and products. This "Certification of Training" shall be sent to the Board and must be maintained on file at each practice location and at the address of record of the supervising physician. The Board may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 18, Idaho Code, and to safeguard the public. ( )

e. Disclosure. It shall be the responsibility of each supervising physician to ensure that every patient receiving a cosmetic treatment using prescriptive medical/cosmetic devices and products by such medical personnel is aware of the fact that such medical personnel are not licensed physicians. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the medical personnel rendering such cosmetic treatments. ( )

f. On-Site Review. The Board, by and through its designated agents, is authorized to conduct on-site reviews of the activities of the supervising physicians at the locations and facilities in which medical personnel provide cosmetic treatments using prescriptive medical/cosmetic devices and products at such times as the Board deems necessary. ( )

g. Patient Complaints. The supervising physician shall report to the Board of Medicine all patient complaints received against medical personnel which relate to the quality and nature of cosmetic treatments rendered. ( )

h. Duties and Responsibilities Nontransferable. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation or partnership, nor may they be assigned to another physician or person. ( )

**0234. -- 029. (RESERVED).**

### **030. REGISTRATION BY SUPERVISING AND DIRECTING PHYSICIANS.**

**01. Registration and Renewal.** Each supervising, directing and alternate physician must register with the Board and such registration shall be renewed annually. (3-16-04)

# SENATE HEALTH AND WELFARE COMMITTEE

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**STATE BOARD OF MEDICINE**  
**Registration of Supervising & Directing Physicians**

**Docket No. 22-0104-0601**  
**PENDING RULE**

**02. Notification.** The supervising and directing physician must notify the Board of any change in the status of any physician assistant, graduate physician assistant, ~~or~~ athletic trainer or medical personnel for whom he is responsible, including, but not limited to, changes in location, duties, responsibilities, or supervision, or termination of employment within thirty (30) days of such event. ~~(4-6-05)~~(\_\_\_\_)

## **(BREAK IN CONTINUITY OF SECTIONS)**

### **040. FEES.**

Necessary fees shall accompany applications for registration and shall not be refundable. The fee for supervising physician registration will be fifty dollars (\$50) and the annual renewal fee will be twenty-five dollars (\$25); provided however, alternate supervising physicians shall not be required to pay an annual renewal fee. The fee for directing physician registration will be ten dollars (\$10) and the annual renewal fee will be five dollars (\$5); provided however, alternate directing physicians shall not be required to pay an annual renewal fee. ~~(3-16-04)~~(\_\_\_\_)

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES**

### **24.12.01 - RULES OF THE IDAHO STATE BOARD OF PSYCHOLOGIST EXAMINERS**

#### **DOCKET NO. 24-1201-0601 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** This rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. The rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 54-2305, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

**The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the October 4, 2006 Idaho Administrative Bulletin, Vol. 06-10, pages 386 through 392.**

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased. This fee or charge is being imposed pursuant to Section(s) 54-2307 and 54-2315, Idaho Code.

**The fee for renewal of licenses is being increased from \$225 to \$300 and the service extender application and renewal fee is being increased from \$50 to \$100.**

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning this pending rule, contact Cherie Simpson at (208) 334-3233.

DATED this 25th day of October, 2006.

***THIS NOTICE WAS PUBLISHED WITH THE PROPOSED RULE***

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 54-2305, Idaho Code.

# SENATE HEALTH AND WELFARE COMMITTEE

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**BUREAU OF OCCUPATIONAL LICENSES****Docket No. 24-1201-0601****Rules of the Idaho State Board of Psychologist Examiners****PENDING RULE**

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**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 18, 2006.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Update contact information, increase the fee for renewal of licenses and service extender applications, remove fee references from service extender section and place them in fee section, and correct typographical error.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

The fee for renewal of licenses is being increased from \$225 to \$300 and the service extender application and renewal fee is being increased from \$50 to \$100.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking:

There is no impact on general funds. This change could have a positive impact of \$31,225 on dedicated funds for the Board.

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because there was no controversy on the changes.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Cherie Simpson at (208) 334-3233.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 25, 2006.

DATED this 14th day of August, 2006.

Rayola Jacobsen  
Bureau Chief  
Bureau of Occupational Licenses  
1109 Main St., STE 220  
Boise, ID 83702  
(208) 334-3233

# SENATE HEALTH AND WELFARE COMMITTEE

**BUREAU OF OCCUPATIONAL LICENSES**

**Rules of the Idaho State Board of Psychologist Examiners**

**Docket No. 24-1201-0601**

**PENDING RULE**

(208)334-3945 fax

## **THE FOLLOWING IS THE TEXT OF THE PEDNING RULE**

### **005. ADDRESS OF THE IDAHO BOARD OF PSYCHOLOGIST EXAMINERS (RULE 5).**

The office of the Board of Psychologist Examiners is located within the Bureau of Occupational Licenses, Owyhee Plaza, 1109 Main Street, Suite 220, Boise, Idaho 83702-5642. The phone number of the Board is (208) 334-3233. The Board's FAX number is (208) 334-3945. The Board's e-mail address is ~~psy@ibol.state.id.us~~ psy@ibol.idaho.gov. The Board's official web site is at <https://www.ibol.idaho.gov/psy.htm>. ~~(3-24-05)( )~~

## **(BREAK IN CONTINUITY OF SECTIONS)**

### **150. FEES (RULE 150).**

**01. Annual Renewal Fee.** Annual renewal fee -- ~~two~~ three hundred ~~twenty-five~~ dollars ~~(3-24-05)( )~~  
(\$225300).

**02. Application Fee.** Application fee -- two hundred dollars (\$200). (7-1-93)

**03. Service Extender Application Fee.** Application fee – one hundred dollars (\$100).  
( )

**04. Service Extender Annual Renewal Fee.** Annual renewal fee – one hundred dollars (\$100).  
( )

**035. Examination and Reexamination Fee.** Examination and reexamination fees shall be those charged by the national examining entity plus a processing fee of twenty-five dollars (\$25). (5-3-03)

~~**04. Endorsement Fee.** Endorsement fee -- one hundred dollars (\$100) as established by Section 54-2312, Idaho Code. (5-3-03)~~

**056. Examination, and Reexamination ~~or Endorsement Fee~~ in Addition to Application Fee.** The examination, or reexamination, ~~or endorsement~~ fee shall be in addition to the application fee and must accompany the application. ~~(3-15-02)( )~~

## **(BREAK IN CONTINUITY OF SECTIONS)**

# SENATE HEALTH AND WELFARE COMMITTEE

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## BUREAU OF OCCUPATIONAL LICENSES

### Rules of the Idaho State Board of Psychologist Examiners

Docket No. 24-1201-0601

PENDING RULE

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#### 450. GUIDELINES FOR USE OF SERVICE EXTENDERS TO LICENSED PSYCHOLOGISTS (RULE 450).

The board recognizes that licensed psychologists may choose to extend their services by using service extenders. The board provides general rules to cover all service extenders as well as specific rules to cover service extenders with different levels of training and experience. (7-1-93)

##### 01. General Provisions for Licensed Psychologists Extending Their Services Through Others.

(7-1-93)

a. The licensed psychologist exercising administrative control for a service extender shall: (7-1-93)

i. Have the authority to cause termination of compensation for the service extender. (7-1-93)

ii. Have the authority to cause the suspension or removal of the service extender from his position as a service provider. (7-1-93)

b. The licensed psychologist exercising professional direction for a service extender shall: (7-1-93)

i. Within thirty (30) days after employing the service extender, formulate and provide to the board a written supervisory plan for each service extender. The plan shall include provisions for supervisory sessions and chart review. If the psychologist requires tapes to be made of psychological services delivered by the service extender, then the plan shall also specify review and destruction of these tapes. The plan shall also specify the hours per calendar week that the licensed psychologist will be at the same physical location as the person extending the services of the licensed psychologist. The plan shall be accompanied by a completed application form and ~~an appropriate application fee of fifty dollars (\$50).~~ (7-1-93)()

ii. Establish and maintain a level of supervisory contact sufficient to be readily accountable in the event that professional, ethical, or legal issues are raised. There will be a minimum of one (1) hour of face-to-face supervisory contact by a licensed psychologist with the service extender for each one (1) to twenty (20) hours of services provided by the service extender during any calendar week. At least one half (1/2) of this face-to-face supervisory contact will be conducted individually, and up to one half (1/2) of this face-to-face supervisory contact may be provided using a group format. A written record of this supervisory contact, including the type of activities conducted by the service extender, shall be maintained by the licensed psychologist. Except under unusual circumstances, the supervisory contact will occur either during the week the services are extended or during the week following. In no case will services be extended more than two (2) weeks without supervisory contact between the service extender and a licensed psychologist. (7-1-93)

iii. Provide the service extender a copy of the current Ethical Standards of the American Psychological Association, and obtain a written agreement from the service extender of his intention to abide by them. (7-1-93)



# SENATE HEALTH AND WELFARE COMMITTEE

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## BUREAU OF OCCUPATIONAL LICENSES

### Rules of the Idaho State Board of Psychologist Examiners

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PENDING RULE

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**02. Qualifications for Service Extenders.** (7-1-93)

**a.** Category I: A service extender will be placed in Category I if: (7-1-93)

i. The licensed psychologist wishing to employ the service extender verifies in writing to the satisfaction of the board that the service extender holds a license issued by the state of Idaho to practice a specific profession, and that the issuance of that license requires the licensee hold a master's degree or its equivalent as determined by the board; or (7-1-93)

ii. The service extender meets the criteria for Category II specified below and the licensed psychologist wishing to employ the service extender verifies in writing to the satisfaction of the board that the service extender has satisfactorily functioned as a service extender to one (1) or more licensed psychologist for at least twenty (20) hours per calendar week over a period totaling two hundred sixty (260) weeks. (7-1-93)

**b.** Category II: A service extender will be placed in Category II if the licensed psychologist wishing to employ the service extender verifies in writing to the satisfaction of the board that the service extender holds a master's degree from a program in psychology, counseling, or human development as determined by the board. (7-1-93)

**03. Conditions for Use of Service Extenders.** (7-1-93)

**a.** All persons used to extend the services of a licensed psychologist shall be under the direct and continuing administrative control and professional direction of a licensed psychologist. These service extenders may not use any title incorporating the word "psychologist" or any of its variants or derivatives, e.g. "psychological," "psychotherapist," etc. (7-1-93)

**b.** Work assignments shall be commensurate with the skills of the service extender and procedures shall be planned in consultation with the licensed psychologist under all circumstances. (7-1-93)

**c.** Public announcement of fees and services, as well as contact with lay or professional public shall be offered only in the name of the licensed psychologist whose services are being extended. However, persons licensed to practice professions other than psychology may make note of their status in such announcements or contacts. (7-1-93)

**d.** Setting and collecting of fees shall remain the sole domain of the licensed psychologist; excepting that when a service extender is used to provide services of the licensed psychologist, third party payers shall be informed of this occurrence in writing at the time of billing. Unless otherwise provided in these rules and regulations, licensed psychologists may neither claim or imply to service recipients or to third party payers an ability to extend their services through any person who has not been approved as a service extender to that psychologist as specified in this section. (7-1-93)

**e.** All service recipients shall sign a written notice of the service extender's status as a service extender for the licensed psychologist. A copy of the signed written notice will be maintained on file with the licensed psychologist. (7-1-93)

# SENATE HEALTH AND WELFARE COMMITTEE

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## BUREAU OF OCCUPATIONAL LICENSES

### Rules of the Idaho State Board of Psychologist Examiners

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f. Within the first three (3) contacts, the licensed psychologist shall have face-to-face contact with each service recipient. (7-1-93)

g. A licensed psychologist shall be available to both the service extender and the service recipient for emergency consultation. (7-1-93)

h. Service Extenders shall be housed in the same service delivery site as the licensed psychologist whose services they extend. Whatever other activities they may be qualified to perform, service extenders shall limit themselves to acting as service extenders of the licensed psychologist when providing direct services so long as they are physically located in the offices of the licensed psychologist. (7-1-93)

i. A service extender in Category I may deliver as much as, but not more than fifty percent (50%) of their service while the licensed psychologist is not physically present at the service delivery site. A service extender in Category II may deliver as much as, but not more than twenty-five percent (25%) of their service while the licensed psychologist is not physically present at the service delivery site. Service Extenders providing as many as, but no more than, three (3) hours of service extension per calendar week shall be exempted from these provisions. Without notification to the board, short term exemption from this rule for atypical circumstances, such as irregular travel by the licensed psychologist, may occur for periods as long as, but no longer than three (3) calendar weeks. Longer exemptions may be granted at the discretion of the board on written request by the licensed psychologist to the board. (7-1-93)

j. The licensed psychologist shall employ no more than three (3) service extenders. (3-18-99)

k. When a licensed psychologist terminates employment of a service extender, the licensed psychologist will notify the board in writing within thirty (30) days. (7-1-93)

l. At the time of license renewal the licensed psychologist shall submit for each service extender ~~a fee of fifty dollars (\$50)~~ the appropriate fee together with certification to the board that they possess: (3-20-04)( )

i. A written record of supervisory contact for the previous twelve (12) months; and (3-20-04)

ii. The percentage of time during the previous twelve (12) months that the service extender extended services while the licensed psychologist was at the service delivery site; and (3-20-04)

iii. An updated plan for the supervision of each of his service extenders. (3-20-04)

m. Documentation of supervisory contact, hours of supervision, hours of extender services, and plan of supervision shall be maintained by the supervisor for not less than three (3) years for each service extender and submitted to the board upon request. (3-20-04)

# SENATE HEALTH AND WELFARE COMMITTEE

**BUREAU OF OCCUPATIONAL LICENSES**

**Rules of the Idaho State Board of Psychologist Examiners**

**Docket No. 24-1201-0601**

**PENDING RULE**

## **(BREAK IN CONTINUITY OF SECTIONS)**

### **600. GUIDELINES FOR THE SUPERVISION IN THE EDUCATION OF PSYCHOLOGISTS (RULE 600).**

The board recognizes the importance of supervision in the education of psychologists, and that licensed psychologists within Idaho may be called on to provide supervision. It also recognizes that differing levels of supervision are appropriate for persons with differing levels of education and experience. Accordingly, the board identifies three (3) levels within the education of psychologists, and specifies differing levels of supervision for each. These categories refer to persons pursuing a program of activities which, when completed, will allow them to meet the requirements for licensure as ~~physiologists~~ psychologists in Idaho. When providing supervision, the licensed supervising psychologist may receive compensation from the supervisee or other interested party, and shall be responsible to insure that supervision appropriate to the education and experience level of the supervisee is provided. Further, the licensed supervising psychologist shall also be responsible to insure that the appropriate documentation for a particular supervisee has been provided to the board as specified below. The number of persons a psychologist may supervise within the three educational levels does not limit the number of service extenders as specified under Subsection 450.03.j. (7-1-93)( )

#### **01. General Provisions.** General provisions for licensed supervising psychologists.

(7-1-93)

##### **a.** The licensed supervising psychologist exercising administrative control shall:

(7-1-93)

i. Have the authority to cause termination of compensation for the supervisee when compensation is provided. (7-1-93)

ii. Have the authority to cause the suspension or removal of the supervisee from his position as a service provider. (7-1-93)

##### **b.** The licensed supervising psychologist exercising professional direction shall:

(7-1-93)

i. Within thirty (30) days after initiating supervision, formulate a written supervisory plan for each supervisee. The plan shall include provisions for supervisory sessions and chart review. If the supervising psychologist requires tapes to be made of psychological services delivered by the supervisee, then the plan shall also specify review and destruction of these tapes. The plan shall also specify the hours per calendar week that the licensed psychologist will be at the same physical location as the supervisee. (7-1-93)

ii. Establish and maintain a level of supervisory contact sufficient to be readily accountable in the event that professional, ethical, or legal issues are raised. There will be a minimum of one (1) hour of face-to-face individual supervisory contact by a licensed psychologist with the supervisee for each one (1) to twenty (20) hours of services provided by the supervisee during any calendar week. A written record of this supervisory contact, including the type of activities conducted by the supervisee, shall be maintained by the licensed supervising

# SENATE HEALTH AND WELFARE COMMITTEE

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## BUREAU OF OCCUPATIONAL LICENSES

Docket No. 24-1201-0601

### Rules of the Idaho State Board of Psychologist Examiners

PENDING RULE

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psychologist. Except under unusual circumstances, the supervisory contact will occur either during the week the services are provided or during the week following. In no case will services be provided more than two (2) weeks without supervisory contact between the supervisee and a licensed supervising psychologist. (7-1-93)

iii. Provide the supervisee a copy of the current Ethical Standards of the American Psychological Association, and obtain a written agreement from the supervisee of his intention to abide by them. (7-1-93)

#### **02. Category II -- Psychologist in Training.** (7-1-93)

**a.** Definition: A person having submitted an application for licensure to the Idaho Board of Psychologist Examiners and who has been found by the board to have either: (7-1-93)

i. Obtained a doctoral degree after completing an educational program which satisfies all the requirements of Section 500; or (7-1-93)

ii. Obtained a doctoral degree and submitted a plan, approved by the board for the completion of any deficiencies in their doctoral education with regard to the requirements of Section 500. (7-1-93)

**b.** Verification: The State Board of Psychologist Examiners has reviewed the application of the person in question and either: (7-1-93)

i. Verifies that the applicant has obtained a doctoral degree after completing an educational program which satisfies all the requirements of Section 500; or (7-1-93)

ii. Verified the applicant obtained a doctoral degree and approved a plan submitted by the applicant for the completion of any deficiencies in his doctoral education with regard to the requirements of Section 500. (7-1-93)

#### **c. Supervision Requirements:** (7-1-93)

i. Psychologists in Training must be under the direct and continuing administrative control and professional direction of the licensed supervising psychologist when providing psychological services. (7-1-93)

ii. Work assignments shall be commensurate with the skills of the Psychologist in Training and procedures shall be planned in consultation with the licensed supervising psychologist. (7-1-93)

iii. Psychologists in Training shall be housed in the service delivery site of the licensed supervising psychologist, and at least fifty percent (50%) of the Psychologist in Training's service delivery will occur while the licensed supervising psychologist is physically present on site; excepting that where Psychologists in Training are employed by agencies or corporations financed by public funds, licensed supervising psychologists may apply for exemption of this requirement. Exemptions will be made on review of the written supervisory plan, and granted at the discretion of the board. (7-1-93)

# SENATE HEALTH AND WELFARE COMMITTEE

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## BUREAU OF OCCUPATIONAL LICENSES

### Rules of the Idaho State Board of Psychologist Examiners

Docket No. 24-1201-0601

PENDING RULE

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iv. Public announcement of fees and services, and contact with lay or professional public shall be offered only by and in the name of the licensed supervising psychologist or his institutional affiliate. (7-1-93)

v. Setting and collecting of fees shall remain the sole domain of the licensed supervising psychologist or his institutional affiliate, excepting that when a supervisee provides psychological services, third party payers shall be informed of this occurrence in writing at the time of billing. (7-1-93)

vi. All persons receiving services from a Psychologist in Training shall sign a written notice indicating their understanding that the service provider is a Psychologist in Training and that the licensed supervising psychologist is responsible for their activity. A copy of the signed written notice will be maintained on file with the licensed supervising psychologist. (7-1-93)

vii. The licensed supervising psychologist's proficiencies will be commensurate with the services provided by the Category II Psychologist in Training. (7-1-93)

### **03. Category III -- Psychologist Under Supervision.** (7-1-93)

**a.** Definition: A person having submitted an application for licensure to the Idaho Board of Psychologist Examiners and who has been found by the board to have: (7-1-93)

i. Obtained a doctoral degree, and completed an educational program which satisfies all the requirements of Section 500; and (7-1-93)

ii. Completed the EPPP examination with a passing score. (7-1-93)

**b.** Verification: The State Board of Psychologist Examiners has reviewed the application and: (7-1-93)

i. Verified the applicant has obtained a doctoral degree and completed an educational program which satisfies all the requirements of Section 500; and (7-1-93)

ii. Verified the applicant has completed the EPPP examination with a passing score. (7-1-93)

**c.** Supervision Requirements: (7-1-93)

i. Psychologists Under Supervision shall be under the continuing professional direction, though not necessarily administrative control, of the licensed supervising psychologist when providing psychological services. (7-1-93)

ii. Work assignments shall be commensurate with the skills of the Psychologist Under Supervision and procedures shall be planned in consultation with the licensed supervising psychologist. (7-1-93)

iii. Public announcement of fees and services, and contact with lay or professional

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public shall be offered only by and in the name of the supervising licensed psychologist or his institutional affiliate. However, if the Psychologist Under Supervision is employed by either a privately financed agency or corporation or a publicly funded agency or corporation; then public announcement of fees and services with lay or professional public may be offered in the name of those organizations as long as the supervised status of the Psychologist Under Supervision and the name, address and telephone number of the licensed supervising psychologist are made clear to the public. (7-1-93)

iv. Setting and collecting of fees shall remain the sole domain of the licensed supervising psychologist or his institutional affiliate. However, if the Psychologist Under Supervision is employed by either a privately financed agency or corporation or a publicly funded agency or corporation; then the setting and collecting of fees may be offered in the name of those organizations as long as the supervised status of the Psychologist Under Supervision and the name, address and telephone number of the supervising psychologist are made clear to the public; and with the exception that when a supervisee provides psychological services, third party payers shall be informed of this occurrence in writing at the time of billing. (7-1-93)

v. All persons receiving services from a Psychologist Under Supervision shall sign a written notice indicating their understanding that the service provider is a Psychologist Under Supervision and that the licensed supervising psychologist is responsible for their activity. A copy of the signed written notice will be maintained on file with the licensed supervising psychologist. (7-1-93)

vi. The licensed supervising psychologist's proficiencies will be commensurate with the services provided by the Category III Psychologist Under Supervision. (7-1-93)

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES**

### **24.13.01 - RULES OF THE PHYSICAL THERAPY LICENSURE BOARD**

#### **DOCKET NO. 24-1301-0601 (NEW CHAPTER - FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** This pending rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2006, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 54-2206, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

**The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the October 4, 2006 Idaho Administrative Bulletin, Vol. 06-10, pages 393 through 403.**

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased. This fee or charge is being imposed pursuant to Section 54-2207, Idaho Code.

These rules would set fees allowed in Section 54-2207, Idaho Code for license, examination, reinstatement, and application.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning this pending rule, contact Cherie Simpson at (208) 334-3233.

DATED this 25th day of October, 2006.

***THIS NOTICE WAS PUBLISHED WITH THE TEMPORARY AND PROPOSED RULE***

**EFFECTIVE DATE:** The effective date of the temporary rule is July 1, 2006.

**AUTHORITY:** In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this

# SENATE HEALTH AND WELFARE COMMITTEE

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## **BUREAU OF OCCUPATIONAL LICENSES Rules of the Physical Therapy Licensure Board**

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PENDING RULE**

agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Section(s) 54-2206, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 18, 2006.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

These rules are being allowed as per Title 54, Chapter 22. The proposed rules provide contact information, definitions, defines supervision, provide an application, provide for fees, set standards for continuing education, defines disciplinary penalties, and provides a code of ethics.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Section(s) 67-5226(1)b, Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

Title 54, Chapter 22 was amended and signed into law in 2006 bringing this board under the Bureau. These rules are being promulgated per Idaho Code. These temporary proposed rules set fees allowed in Title 54, Chapter 22.

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein;

These temporary/proposed rules would set fees allowed in Section 54-2207, Idaho Code.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state  
general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because changes are being done to comply with Title 54, Chapter 51.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance



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on technical questions concerning the temporary and proposed rule, contact Cherie Simpson at (208) 334-3233.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 25, 2006.

DATED this 24th day of August, 2006.

Rayola Jacobsen  
Bureau Chief  
Bureau of Occupational Licenses  
1109 Main St., STE 220, Boise, ID 83702  
(208) 334-3233 / (208)334-3945 fax

***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***

***IDAPA 24***  
***TITLE 13***  
***CHAPTER 01***

***24.13.01 - RULES GOVERNING THE PHYSICAL THERAPY LICENSURE BOARD***

**000. LEGAL AUTHORITY (RULE 0).**

These rules are hereby prescribed and established pursuant to the authority vested in the Physical Therapy Licensure Board by the provisions of Section 54-2206, Idaho Code. (7-1-06)T

**001. TITLE AND SCOPE (RULE 1).**

The rules shall be cited as IDAPA 24.13.01, "Rules Governing The Physical Therapy Licensure Board." (7-1-06)T

**002. WRITTEN INTERPRETATIONS (RULE 2).**

The board may have written statements that pertain to the interpretation of the rules of this chapter. Such interpretations, if any, are available for public inspection and copying at cost in the main office of the Bureau of Occupational Licenses. (7-1-06)T

**003. ADMINISTRATIVE APPEAL (RULE 3).**

Administrative appeals shall be governed by the Administrative Procedure Act, Title 67, Chapter 52, Idaho Code. (7-1-06)T

**004. INCORPORATION BY REFERENCE (RULE 4).**

There are no documents incorporated by reference into this rule. (7-1-06)T

**005. ADDRESS OF THE PHYSICAL THERAPY LICENSURE BOARD (RULE 5).**

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## **BUREAU OF OCCUPATIONAL LICENSES Rules of the Physical Therapy Licensure Board**

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The office of the Physical Therapy Licensure Board is located within the Bureau of Occupational Licenses, Owyhee Plaza, 1109 Main Street, Suite 220, Boise, Idaho 83702-5642. The phone number of the Board is (208) 334-3233. The Board's FAX number is (208) 334-3945. The Board's e-mail address is pht@ibol.idaho.gov. The Board's official web site is at www.ibol.idaho.gov/pht.htm. (7-1-06)T

### **006. PUBLIC RECORD ACT COMPLIANCE (RULE 6).**

The records associated with The Physical Therapy Licensure Board are subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code. (7-1-06)T

### **007. -- 009. (RESERVED).**

### **010. DEFINITIONS (RULE 10).**

**01. Board.** The Physical Therapy Licensure Board. (7-1-06)T

**02. Bureau.** Bureau means the Idaho Bureau of Occupational Licenses as created in section 67-2602, Idaho Code. (7-1-06)T

**03. Physical Therapist.** An individual who meets all the requirements of Title 54, Chapter 22, Idaho Code, holds an active license and who engages in the practice of physical therapy. (7-1-06)T

**04. Physical Therapist Assistant.** An individual who meets the requirements of Title 54, Chapter 22, Idaho Code, holds an active license, and who performs physical therapy procedures and related tasks that have been selected and delegated only by a supervising physical therapist. (7-1-06)T

**05. Supportive Personnel.** An individual, or individuals, who are neither a physical therapist or a physical therapist assistant, but who are employed by and/or trained under the direction of a licensed physical therapist to perform designated non-treatment patient related tasks and routine physical therapy tasks. (7-1-06)T

**06. Non-Treatment Patient Related Tasks.** Actions and procedures related to patient care that do not involve direct patient treatment or direct personal supervision, but do require a level of supervision not less than general supervision, including, but not limited to: treatment area preparation and clean-up, equipment set-up, heat and cold pack preparation, preparation of a patient for treatment by a physical therapist or physical therapist assistant, transportation of patients to and from treatment, and assistance to a physical therapist or physical therapist assistant when such assistance is requested by a physical therapist or physical therapist assistant when safety and effective treatment would so require. (7-1-06)T

**07. Routine Physical Therapy Tasks.** Actions and procedures within the scope of practice of physical therapy, which do not require the special skills or training of a physical therapist or physical therapist assistant, rendered directly to a patient by supportive personnel at the request of and under the direct personal supervision of a physical therapist or physical therapist assistant. (7-1-06)T

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**BUREAU OF OCCUPATIONAL LICENSES**  
**Rules of the Physical Therapy Licensure Board**

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**Docket No. 24-1301-0601**  
**PENDING RULE**

- 08. Testing.** (7-1-06)T
- a.** Standard methods and techniques used in the practice of physical therapy to gather data about individuals including: (7-1-06)T
- i. Electrodiagnostic and electrophysiological measurements; (7-1-06)T
  - ii. Assessment or evaluation of muscle strength, force, endurance and tone; (7-1-06)T
  - iii. Reflexes; (7-1-06)T
  - iv. Automatic reactions; (7-1-06)T
  - v. Posture and body mechanics; (7-1-06)T
  - vi. Movement skill and accuracy; (7-1-06)T
  - vii. Joint range of motion and stability; (7-1-06)T
  - viii. Sensation; (7-1-06)T
  - ix. Perception; (7-1-06)T
  - x. Peripheral nerve function integrity; (7-1-06)T
  - xi. Locomotor skills; (7-1-06)T
  - xii. Fit, function and comfort of prosthetic, orthotic, and other assistive devices; (7-1-06)T
  - xiii. Limb volume, symmetry, length and circumference; (7-1-06)T
  - xiv. Clinical evaluation of cardiac and respiratory status to include adequacy of pulses, noninvasive assessment of peripheral circulation, thoracic excursion, vital capacity, and breathing patterns; (7-1-06)T
  - xv. Vital signs such as pulse, respiratory rate, and blood pressure; (7-1-06)T
  - xvi. Activities of daily living; and the physical environment of the home and work place; and (7-1-06)T
  - xvii. Pain patterns, localization and modifying factors; and (7-1-06)T
  - xviii. Photosensitivity. (7-1-06)T
- b.** Specifically excluded are the ordering of electromyographic study, electrocardiography, thermography, invasive vascular study, selective injection tests, or complex cardiac or respiratory function studies without consultation and direction of a physician.

# SENATE HEALTH AND WELFARE COMMITTEE

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## **BUREAU OF OCCUPATIONAL LICENSES** **Rules of the Physical Therapy Licensure Board**

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(7-1-06)T

**09. Functional Mobility Training.** Includes gait training, locomotion training, and posture training. (7-1-06)T

**10. Manual Therapy.** Skilled hand movements to mobilize or manipulate soft tissues and joints for the purpose of: (7-1-06)T

**a.** Modulating pain, increasing range of motion, reducing or eliminating soft tissue swelling, inflammation or restriction; (7-1-06)T

**b.** Inducing relaxation; (7-1-06)T

**c.** Improving contractile and non-contractile tissue extensibility; and (7-1-06)T

**d.** Improving pulmonary function. (7-1-06)T

**11. Physical Agents or Modalities.** Thermal, acoustic, radiant, mechanical, or electrical energy used to produce physiologic changes in tissues. (7-1-06)T

**12. General Supervision.** A physical therapist's availability at least by means of telecommunications, which does not require a physical therapist to be on the premises where physical therapy is being provided, for the direction of a physical therapist assistant. (7-1-06)T

**13. Direct Supervision.** A physical therapist's or physical therapist assistant's physical presence and availability to render direction in person and on the premises where physical therapy is being provided. (7-1-06)T

**14. Direct Personal Supervision.** A physical therapist's or physical therapist assistant's direct and continuous physical presence and availability to render direction, in person and on the premises where physical therapy is being provided. The physical therapist or physical therapist assistant must have direct contact with the patient during each session and assess patient response to delegated treatment. (7-1-06)T

**15. Supervising Physical Therapist.** A licensed physical therapist who developed and recorded the initial plan of care and/or who has maintained regular treatment sessions with a patient. Such physical therapist's designation of another licensed physical therapist if the physical therapist who developed and recorded the initial plan of care or maintained regular treatment sessions is not available to provide direction at least by means of telecommunications. (7-1-06)T

**16. Nationally Accredited School.** A school or course of physical therapy or physical therapist assistant with a curriculum approved by: (7-1-06)T

**a.** The American Physical Therapy Association (APTA) from 1926 to 1936; or the APTA Accreditation Commission; or (7-1-06)T

**b.** The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or (7-1-06)T

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c. An Accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both. (7-1-06)T

**011. -- 015. (RESERVED).**

### **016. SUPERVISION (RULE 16).**

A physical therapist shall supervise and be responsible for patient care given by physical therapist assistants, supportive personnel, physical therapy students, and physical therapist assistant students. (7-1-06)T

#### **01. Procedures and Interventions Performed Exclusively by Physical Therapist.**

The following procedures and interventions shall be performed exclusively by a physical therapist: (7-1-06)T

- a. Interpretation of a referral for physical therapy if a referral has been received. (7-1-06)T
- b. Performance of the initial patient evaluation and problem identification including a diagnosis for physical therapy and a prognosis for physical therapy. (7-1-06)T
- c. Development or modification of a treatment plan of care which is based on the initial evaluation and which includes long-term and short-term physical therapy treatment goals. (7-1-06)T
- d. Assessment of the competence of physical therapist assistants, physical therapy students, physical therapist assistant students, and supportive personnel to perform assigned procedures, interventions and routine tasks. (7-1-06)T
- e. Selection and delegation of appropriate portions of treatment procedures, interventions and routine physical therapy tasks to the physical therapist assistants, physical therapy students, physical therapist assistant students, and supportive personnel. (7-1-06)T
- f. Performance of a re-evaluation when any change in a patient's condition occurs that is not consistent with the physical therapy treatment plan of care, patient's anticipated progress, and physical therapy treatment goals. (7-1-06)T
- g. Performance and documentation of a discharge evaluation and summary of the physical therapy treatment plan. (7-1-06)T

**02. Supervision of Physical Therapist Assistants.** A physical therapist assistant shall be supervised by a physical therapist by no less standard than general supervision. (7-1-06)T

a. A physical therapist assistant shall not change a procedure or intervention unless such change of procedure or intervention has been included within the treatment plan of care as set forth by a physical therapist. (7-1-06)T

b. A physical therapist assistant may not continue to provide treatment as specified

# SENATE HEALTH AND WELFARE COMMITTEE

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under a treatment plan of care if a patient's condition changes such that further treatment necessitates a change in the established treatment plan of care unless the physical therapist assistant has consulted with the supervising physical therapist prior to the patient's next appointment for physical therapy, and a re-evaluation is completed by the supervising physical therapist. (7-1-06)T

**c.** A patient re-evaluation must be performed and documented by the supervising physical therapist a minimum of every five (5) visits or once a week if treatment is performed more than once per day. (7-1-06)T

**d.** A physical therapist assistant may refuse to perform any procedure, intervention, or task delegated by a physical therapist when such procedure, intervention, or task is beyond the physical therapist assistant's skill level or scope of practice standards. (7-1-06)T

**e.** A physical therapist shall not be required to co-sign any treatment related documents prepared by a physical therapist assistant, unless required to do so in accordance with law, or by a third-party. (7-1-06)T

**03. Supervision of Supportive Personnel.** Any routine physical therapy tasks performed by supportive personnel shall require direct personal supervision. (7-1-06)T

**04. Supervision of Physical Therapy and Physical Therapist Assistant Students.** Supervision of physical therapy students and physical therapist assistant students shall require direct supervision. (7-1-06)T

**a.** A physical therapy student shall only be supervised by the direct supervision of a physical therapist. (7-1-06)T

**b.** A physical therapy student shall be required to sign all treatment notes with the designation "SPT" after their name, and all such signatures shall require the co-signature of the supervising physical therapist. (7-1-06)T

**c.** A physical therapist assistant student shall be required to sign all treatment notes with the designation "SPTA" after their name, and all such signatures shall require the co-signature of the supervising physical therapist or supervising physical therapist assistant. (7-1-06)T

**05. Supervision Ratios.** (7-1-06)T

**a.** At no time during the treatment of a patient or patients for physical therapy shall the number of physical therapist assistants providing such treatment be more than twice in number of such supervising physical therapist(s) providing physical therapy treatment at any physical therapy practice or site. (7-1-06)T

**b.** At no time during the treatment of a patient or patients for physical therapy shall the number of supportive personnel performing routine physical therapy tasks be more than twice in number of such supervising physical therapist(s) or supervising physical therapist assistant(s) providing physical therapy treatment at any physical therapy practice or site. (7-1-06)T

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c. At no time during the treatment of a patient or patients for physical therapy shall the number of physical therapy students performing delegated supervised physical therapy tasks be more than twice in number of such supervising physical therapist(s) providing physical therapy treatment at any physical therapy practice or site. (7-1-06)T

d. At no time during the treatment of a patient or patients for physical therapy shall the number of physical therapist assistant students performing delegated supervised physical therapy tasks be more than twice in number of such supervising physical therapist(s) or supervising physical therapist assistant(s) providing physical therapy treatment at any physical therapy practice or site. (7-1-06)T

e. At no time during the treatment of a patient or patients for physical therapy shall the number of physical therapist assistants, physical therapy students, physical therapist assistants students, and supportive personnel, or a combination thereof, performing delegated supervised physical therapy or routine physical therapy tasks be more than three (3) times in number of such physical therapist(s) providing physical therapy treatment at any physical therapy practice or site; nor shall the number of physical therapist assistant students or supportive personnel, or a combination thereof, performing delegated and supervised physical therapy tasks or routine physical therapy tasks be more than twice in number of such physical therapist assistant(s) providing physical therapy treatment at any physical therapy practice or site. (7-1-06)T

**017. -- 099. (RESERVED).**

### **100. MEETINGS AND ORGANIZATION (RULE 100).**

**01. Meetings.** The Board shall meet at least once annually at such time and place as designated by the Board or the Chairman of the Board. Special meetings may be held at the call of the Chairman or any two (2) members, and all members shall be notified in writing. (7-1-06)T

**02. Voting.** A quorum shall be three (3) Board members. A majority vote of Board members present shall be considered the action of the Board as a whole. Any motion before the Board shall fail on a tie vote. (7-1-06)T

**101. -- 149. (RESERVED).**

### **150. APPLICATION (RULE 150).**

Each applicant shall submit a completed written application on forms provided by the Board together with applicable fees. The application shall be verified under oath and shall require the following information: (7-1-06)T

**01. Education.** The educational background of the applicant; (7-1-06)T

**02. Evidence of Graduation.** Evidence of graduation from a nationally accredited school; (7-1-06)T

**03. Criminal Convictions.** The disclosure of any criminal conviction or charges against the applicant other than minor traffic offenses; (7-1-06)T

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**04. Disciplinary Action.** The disclosure of any disciplinary action against the applicant by any professional regulatory agency; (7-1-06)T

**05. License or Registration Denial.** The disclosure of the denial of registration or licensure by any state or district regulatory body; (7-1-06)T

**06. References.** Two (2) references from individuals, other than relatives or individuals living with the applicant, who have at least two (2) years of personal knowledge of the applicant's character and ability to provide physical therapy; (7-1-06)T

**07. Photograph.** An un-mounted passport type photograph of the applicant, taken not more than one (1) year prior to the date of application; and (7-1-06)T

**08. Other Information.** Such other information as the Board deems necessary to identify and evaluate the applicant's credentials. (7-1-06)T

**09. Incomplete applications.** The Board shall not review incomplete applications and shall not approve licensure for applicants who have failed to provide adequate proof of having met the licensure requirements. (7-1-06)T

**151. -- 199. (RESERVED).**

**200. FEES (RULE 200).**

**01. License Fee.** (7-1-06)T

**a.** The fee for the initial licensure and the annual renewal of a physical therapist shall be sixty-five dollars (\$65). (7-1-06)T

**b.** The fee for the initial licensure and the annual renewal of a physical therapist assistant shall be forty-five dollars (\$45). (7-1-06)T

**02. Examination Fee.** The fee for examination shall be that set by the examination entity approved by the Board and shall include an additional administrative fee of forty dollars (\$40). (7-1-06)T

**03. Reinstatement Fee.** A reinstatement fee shall be thirty-five dollars (\$35) and satisfactory proof of successful completion of the continuing education requirement. (7-1-06)T

**04. Application Fee.** The application fee shall be fifty dollars (\$50) and shall accompany all applications. Fees shall not be refundable. (7-1-06)T

**05. Extraordinary Expenses.** In those situations where the processing of an application requires extraordinary expenses, the Board may charge the applicant reasonable fees to cover all or part of the extraordinary expenses. (7-1-06)T

**201. -- 249. (RESERVED).**



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### **250. CONTINUING EDUCATION REQUIREMENT (RULE 250).**

On and after January 1, 2008, every person holding a license issued by the Board must annually complete sixteen (16) contact hours of continuing education prior to license renewal. (7-1-06)T

**01. Contact Hours.** The contact hours of continuing education shall be obtained in areas of study germane to the practice for which the license is issued as approved by the board. (7-1-06)T

**02. Documentation of Attendance.** It shall be necessary for the applicant to provide documentation verifying attendance by securing authorized signatures or other documentation from the course instructors, providers, or sponsoring institution substantiating any hours attended by the licensee. This documentation must be maintained by the licensee and provided to the board upon request by the board or its agent. (7-1-06)T

**03. Excess Hours.** Continuing education hours accumulated during the twelve (12) months immediately preceding the license expiration date may be applied toward meeting the continuing education requirement for the next license renewal. Hours in excess of the required hours may be carried forward. Excess hours may be used only during the next renewal period and may not be carried forward more than one (1) time. (7-1-06)T

**04. Compliance Audit.** The board may conduct random continuing education audits of those persons required to obtain continuing education in order to renew a license and require that proof acceptable to the board of meeting the continuing education requirement be submitted to the bureau. Failure to provide proof of meeting the continuing education upon request of the board shall be grounds for disciplinary action. (7-1-06)T

**05. Special Exemption.** The board shall have authority to make exceptions for reasons of individual hardship, including health (certified by a medical doctor) or other good cause. The licensee must provide any information requested by the board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the board. (7-1-06)T

**06. Continuing Education Credit Hours.** Hours of continuing education credit may be obtained by attending and participating in a continuing education activity approved by the Board. (7-1-06)T

**a. General Criteria.** A continuing education activity which meets all of the following criteria is appropriate for continuing education credit: (7-1-06)T

i. Constitutes an organized program of learning which contributes directly to the professional competency of the licensee; (7-1-06)T

ii. Pertains to subject matters integrally related and germane to the practice of the profession; (7-1-06)T

iii. Conducted by individuals who have specialized education, training and experience to be considered qualified to present the subject matter of the program. The Board may request

# SENATE HEALTH AND WELFARE COMMITTEE

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## **BUREAU OF OCCUPATIONAL LICENSES** **Rules of the Physical Therapy Licensure Board**

**Docket No. 24-1301-0601**  
**PENDING RULE**

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documentation of the qualifications of presenters; (7-1-06)T

iv. Application for Board approval is accompanied by a paper, manual or outline which describes the specific offering and includes the program schedule, goals and objectives; and (7-1-06)T

v. Provides proof of attendance to licensees in attendance including: Date, location, course title, presenter(s); Number of program contact hours (One (1) contact hour equals one (1) hour of continuing education credit.); and the official signature or verification of the program sponsor. (7-1-06)T

**b.** Specific Criteria. Continuing education hours of credit may be obtained by: (7-1-06)T

i. Presenting professional programs which meet the criteria listed in these rules. Two (2) hours of credit will be awarded for each hour of presentation by the licensee. A course schedule or brochure must be maintained for audit; (7-1-06)T

ii. Providing official transcripts indicating successful completion of academic courses which apply to the field of physical therapy in order to receive the following continuing education credits: (7-1-06)T

(1) One (1) academic semester hour = fifteen (15) continuing education hours of credit; (7-1-06)T

(2) One (1) academic trimester hour = twelve (12) continuing education hours of credit; (7-1-06)T

(3) One (1) academic quarter hour = ten (10) continuing education hours of credit. (7-1-06)T

iii. Attending workshops, conferences, symposiums or electronically transmitted, live interactive conferences which relate directly to the professional competency of the licensee; (7-1-06)T

iv. Authoring research or other activities which are published in a recognized professional publication. The licensee shall receive five (5) hours of credit per page; (7-1-06)T

v. Viewing videotaped presentations if the following criteria are met: (7-1-06)T

(1) There is a sponsoring group or agency; (7-1-06)T

(2) There is a facilitator or program official present; (7-1-06)T

(3) The program official may not be the only attendee; and (7-1-06)T

(4) The program meets all the criteria specified in these rules; (7-1-06)T

# SENATE HEALTH AND WELFARE COMMITTEE

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## **BUREAU OF OCCUPATIONAL LICENSES** **Rules of the Physical Therapy Licensure Board**

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- vi. Participating in home study courses that have a certificate of completion; (7-1-06)T
- vii. Participating in courses that have business-related topics: marketing, time management, government regulations, and other like topics; (7-1-06)T
- viii. Participating in courses that have personal skills topics: career burnout, communication skills, human relations, and other like topics; and (7-1-06)T
- ix. Participating in courses that have general health topics: clinical research, CPR, child abuse reporting, and other like topics. (7-1-06)T

**07. Submitting False Reports or Failure to Comply.** The Board may condition, limit, suspend, or refuse to renew the license of any individual whom the Board determines submitted a false report of continuing education or failed to comply with the continuing education requirements. (7-1-06)T

**08. Failure to Receive the Renewal Application.** Failure to receive the renewal application shall not relieve the licensee of the responsibility of meeting the continuing education requirements and submitting the renewal application and renewal fee. (7-1-06)T

**251. -- 274. (RESERVED).**

**275. DISCIPLINARY PENALTY (RULE 275).**

**01. Disciplinary Procedures.** The disciplinary procedures of the Bureau are the disciplinary procedures of the Board. (7-1-06)T

**02. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) for each violation upon anyone licensed under Title 54, Chapter 22, Idaho Code who is found by the Board to be in violation of Section 54-2219, Idaho Code. (7-1-06)T

**03. Costs and Fees.** The Board may order anyone licensed under Title 54, Chapter 22, Idaho Code, who is found by the Board to be in violation of the provisions of Title 54, Chapter 22, Idaho Code, to pay the costs and fees incurred by the Board in the investigation or prosecution of the licensee. (7-1-06)T

**276. -- 299. (RESERVED).**

**300. CODE OF ETHICS (RULE 300).**

Physical therapists and physical therapist assistants are responsible for maintaining and promoting ethical practice in accordance with the ethical principles set forth in Appendix A and Appendix B to these rules. (7-1-06)T

**301. -- 999. (RESERVED).**

# **SENATE HEALTH AND WELFARE COMMITTEE**

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**BUREAU OF OCCUPATIONAL LICENSES**  
**Rules of the Physical Therapy Licensure Board**

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**PENDING RULE**

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## **APPENDIX A - PHYSICAL THERAPIST CODE OF ETHICS**

### **Preamble**

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

### **Principle 1**

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

### **Principle 2**

A physical therapist shall act in a trustworthy manner toward patients/clients and in all other aspects of physical therapy practice.

### **Principle 3**

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

### **Principle 4**

A physical therapist shall exercise sound professional judgment.

### **Principle 5**

A physical therapist shall achieve and maintain professional competence.

### **Principle 6**

A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

### **Principle 7**

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

### **Principle 8**

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

### **Principle 9**

# **SENATE HEALTH AND WELFARE COMMITTEE**

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

## **Principle 10**

A physical therapist shall endeavor to address the health needs of society.

## **Principle 11**

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

## **APPENDIX B - PHYSICAL THERAPIST ASSISTANT CODE OF ETHICS**

### **Preamble**

This document of the American Physical Therapy Association sets forth standards for the ethical conduct of the physical therapist assistant. All physical therapist assistants are responsible for maintaining high standards of conduct while assisting physical therapists. The physical therapist assistant shall act in the best interest of the patient/client. These standards of conduct shall be binding on all physical therapist assistants.

### **Standard 1**

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

### **Standard 2**

A physical therapist assistant shall act in a trustworthy manner toward patients/clients.

### **Standard 3**

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

### **Standard 4**

A physical therapy assistant shall comply with laws and regulations governing physical therapy.

### **Standard 5**

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

# **SENATE HEALTH AND WELFARE COMMITTEE**

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**BUREAU OF OCCUPATIONAL LICENSES**  
**Rules of the Physical Therapy Licensure Board**

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## **Standard 6**

A physical therapist assistant shall make judgments that are commensurate with his or her educational and legal qualifications as a physical therapist assistant.

## **Standard 7**

A physical therapist assistant shall protect the public and the profession from unethical, incompetent, and illegal acts.

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES**

### **24.15.01 - RULES OF THE IDAHO LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS**

#### **DOCKET NO. 24-1501-0602 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** This rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. The rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 54-3404, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

**The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the November 1, 2006, Idaho Administrative Bulletin, Vol. 06-11, pages 126 and 127.**

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased. This fee or charge is being imposed pursuant to Section 54-3411, Idaho Code.

By increasing the fee for renewal of licenses from \$60 to \$100 the change could have a positive impact of \$54,040 per year on the dedicated funds of the Board.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning this pending rule, contact Cherie Simpson at (208) 334-3233.

DATED this 1st day of November, 2006.

#### ***THIS NOTICE WAS PUBLISHED WITH THE PROPOSED RULE***

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 54-3404, Idaho Code.

# SENATE HEALTH AND WELFARE COMMITTEE

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**BUREAU OF OCCUPATIONAL LICENSES**      **Docket No. 24-1501-0602 (Fee Rule)**  
**Professional Counselors & Marriage/Family Therapists**      **PENDING RULE**

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**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than November 15, 2006.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

**Increase the fee for renewal of licenses for Counselors and Marriage and Family Therapists from \$60 to \$100.**

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

**By increasing the fee for renewal of licenses from \$60 to \$100 the change could have a positive impact of \$54,040 per year on the dedicated funds of the Board.**

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because the change is necessary to balance the boards budget.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Cherie Simpson at (208) 334-3233.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before November 22, 2006.

DATED this 26th day of September, 2006.

Rayola Jacobsen  
Bureau Chief  
Bureau of Occupational Licenses  
1109 Main St., STE 220  
Boise, ID 83702  
(208) 334-3233  
(208)334-3945 fax

***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***



# SENATE HEALTH AND WELFARE COMMITTEE

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**BUREAU OF OCCUPATIONAL LICENSES**      **Docket No. 24-1501-0602 (Fee Rule)**  
**Professional Counselors & Marriage/Family Therapists**      **PENDING RULE**

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## 250. FEES (RULE 250).

- 01. Application Fee.** Application fee: (7-1-97)
- a.** Professional Counselor -- seventy-five dollars (\$75). (3-13-02)
- b.** Clinical Professional Counselor -- seventy-five dollars (\$75). (3-13-02)
- c.** Marriage and Family Therapist -- seventy-five dollars (\$75). (3-13-02)
- d.** Intern Registration -- twenty-five dollars (\$25). (4-2-03)
- 02. Professional Counselor and Marriage and Family Therapist Examination or Reexamination Fee.** The Professional Counselor and Marriage and Family Therapist license examination or reexamination fee shall be the fee as set by the provider of the approved examination plus an administration fee of twenty-five dollars (\$25). (3-30-06)
- 03. Original License Fee.** Original license fee for Professional Counselor or Clinical Professional Counselor or Marriage and Family Therapist -- seventy-five dollars (\$75). (4-6-05)
- 04. Annual Renewal Fee.** Annual license renewal fee for Professional Counselor, Clinical Professional Counselor, or Marriage and Family Therapist -- ~~sixty~~ one hundred dollars (\$~~60~~100). ~~(4-6-05)~~(\_\_\_\_)
- 05. Fees are Non-Refundable.** All fees are non-refundable. (7-1-93)

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES**

### **24.19.01 - RULES OF THE BOARD OF EXAMINERS OF RESIDENTIAL CARE FACILITY ADMINISTRATORS**

#### **DOCKET NO. 24-1901-0601 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** This rule has been adopted by the agency and is now pending review by the 2007 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. The rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 54-4205, Idaho Code.

**DESCRIPTIVE SUMMARY:** The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

**The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the October 4, 2006 Idaho Administrative Bulletin, Vol. 06-10, pages 422 and 423.**

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased. This fee or charge is being imposed pursuant to Section 54-4205, Idaho Code.

The fees for application and provisional/temporary permits are being increased from \$50 to \$100.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning this pending rule, contact Cherie Simpson at (208) 334-3233.

DATED this 25<sup>th</sup> day of October, 2006.

#### ***THIS NOTICE WAS PUBLISHED WITH THE PROPOSED RULE***

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 54-4205, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be

# SENATE HEALTH AND WELFARE COMMITTEE

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**BUREAU OF OCCUPATIONAL LICENSES**

**Docket No. 24-1901-0601**

**Board of Examiners of Residential Care Facility Administrators**      **PENDING RULE**

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scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 18, 2006.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

**Add a scope of practice and increase fees for license application and provisional/temporary permits.**

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

**The fees for application and provisional/temporary permits as established by Section 54-4205 are being increased from \$50 to \$100.**

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking:

**There is no impact on general funds. This change could have a positive impact of \$20,050 on dedicated funds for the Board.**

**NEGOTIATED RULEMAKING:** Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because there was no controversy on the changes.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Cherie Simpson at (208) 334-3233.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 25, 2006.

DATED this 14th day of August, 2006.

Rayola Jacobsen  
Bureau Chief  
Bureau of Occupational Licenses  
1109 Main St., STE 220  
Boise, ID 83702  
(208) 334-3233  
(208)334-3945 fax

# SENATE HEALTH AND WELFARE COMMITTEE

**BUREAU OF OCCUPATIONAL LICENSES**

**Docket No. 24-1901-0601**

**Board of Examiners of Residential Care Facility Administrators**

**PENDING RULE**

## ***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***

**402. -- 4949. (RESERVED).**

### **450. SCOPE OF PRACTICE (RULE 450).**

A residential care facility administrator shall possess the education, training, and experience necessary to insure that appropriate services and care are provided for each facility resident within any facility under the licensee's administration. Information contained within the application together with supporting documentation maintained by the licensee shall be prima facie evidence of the licensee's education and experience. It is the responsibility of the individual licensee to maintain adequate documentation of education and experience appropriate to the planning, organizing, directing and control of the operation of a residential care facility. ( )

**451. -- 499. (RESERVED).**

**(BREAK IN CONTINUITY OF SECTIONS)**

### **600. FEES (RULE 600).**

**01. License Application Fee.** License application -- ~~fifty~~ one hundred dollars  
(\$~~50~~100). ~~(4-2-03)~~( )

**02. Annual Renewal Fee.** Annual renewal fee -- one hundred dollars (\$100).  
(3-30-06)

**03. Provisional/Temporary.** Provisional/temporary -- ~~forty~~ one hundred dollars  
(\$~~40~~100). ~~(7-1-93)~~( )

**04. Reinstatement Fee.** Reinstatement -- twenty-five dollars (\$25). (7-1-93)

**05. Reissuance of Lost License Fee.** Reissuance of lost license -- ten dollars (\$10).  
(7-1-93)

# **SENATE HEALTH AND WELFARE COMMITTEE**

## **IDAPA 58 - DEPARTMENT OF ENVIRONMENTAL QUALITY**

### **58.01.01 - RULES FOR THE CONTROL OF AIR POLLUTION IN IDAHO**

#### **DOCKET NO. 58-0101-0303 (FEE RULE)**

#### **NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE**

**EFFECTIVE DATE:** This rule has been adopted by the Board of Environmental Quality (Board) and is now pending review by the 2007 Idaho State Legislature for final approval. The pending rule will become final and effective immediately upon the adjournment sine die of the First Regular Session of the Fifty-ninth Idaho Legislature if the rule is approved by concurrent resolution in accordance with Sections 67-5224 and 67-5291, Idaho Code.

**AUTHORITY:** In compliance with Section 67-5224, Idaho Code, notice is hereby given that the Board has adopted a pending rule. The action is authorized by Sections 39-105 and 39-107, Idaho Code.

**DESCRIPTIVE SUMMARY:** A detailed summary of the reason for adopting the rule is set forth in the initial proposal published in the Idaho Administrative Bulletin, September 6, 2006, Vol. 06-9, pages 219 through 223. The agency received no public comments, and the rule has been adopted as initially proposed. The Rulemaking and Public Comment Summary can be obtained at [http://www.deq.idaho.gov/rules/air/58\\_0101\\_0303\\_pending.cfm](http://www.deq.idaho.gov/rules/air/58_0101_0303_pending.cfm) or by contacting the undersigned.

**FEE SUMMARY:** This rulemaking revises the annual assessment and payment of Title V fees. Collection of the fees is authorized by Sections 39-115(3), 39-118D and 39-119, Idaho Code.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: DEQ will request an additional \$100,000 to be appropriated in the general fund to cover other agency air quality actions, previously paid for with Title V fees, though not specifically required by federal law.

**IDAHO CODE 39-107D STATEMENT:** This rule does not regulate an activity not regulated by the federal government, nor is it broader in scope or more stringent than federal regulations.

**GENERAL INFORMATION:** For more information about DEQ's programs and activities, visit DEQ's web site at [www.deq.idaho.gov](http://www.deq.idaho.gov).

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning this rulemaking, contact Martin Bauer at (208) 373-0440, [martin.bauer@deq.idaho.gov](mailto:martin.bauer@deq.idaho.gov).

Dated this 16th day of November, 2006.

***THIS NOTICE WAS PUBLISHED WITH THE PROPOSED RULE***

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that

# SENATE HEALTH AND WELFARE COMMITTEE

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## **DEPARTMENT OF ENVIRONMENTAL QUALITY Rules for the Control of Air Pollution in Idaho**

**Docket No. 58-0101-0303  
PENDING RULE**

this agency has proposed rulemaking. The action is authorized by Sections 39-105 and 39-107, Idaho Code.

**PUBLIC HEARING SCHEDULE:** A public hearing concerning this proposed rulemaking will be held as follows:

October 10, 2006, 3:00 p.m.  
Department of Environmental Quality Conference Center  
1410 N. Hilton, Boise, Idaho

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made no later than five (5) days prior to the hearing. For arrangements, contact the undersigned at (208) 373-0418.

**DESCRIPTIVE SUMMARY:** In accordance with IDAPA 58.01.01, Rules for the Control of Air Pollution in Idaho, the Department of Environmental Quality (DEQ) is required to review the Title V air quality operating permit registration fees set out in Subsection 389.06 every two years to assure the funds meet the presumptive minimum amount as defined by the U.S. Environmental Protection Agency. Payment of the Title V permit program costs by a fee is mandated by the Clean Air Act. By federal law, the state of Idaho cannot maintain primacy for the Title V program unless it collects fees sufficient to cover all reasonable direct and indirect costs required to administer the program. This rule will increase fees for the sources subject to the Title V program by approximately \$400,000. During the first few years that DEQ began administering the program, the fees were assessed on permit allowable, not actual, emissions, and thus a surplus of fees was collected. In previous years, DEQ was able to use that surplus to cover costs incurred above those collected in fees. The Title V fund is now diminished to a point that DEQ must raise fees to ensure all direct and indirect costs of the Title V program are covered.

The text of this rule was developed by DEQ in conjunction with a negotiating committee made up of persons having an interest in the development of this rule, including industry representatives and special interest groups. All regulated sources of air emissions that fall within the scope, or may fall within the scope, of Title V of the Clean Air Act are affected by this rulemaking. In addition, special interest groups, public officials, or members of the public who have an interest in the air quality in Idaho may wish to comment on this proposed rule. The proposed rule text is in legislative format. Language the agency proposes to add is underlined. Language the agency proposes to delete is struck out. It is these additions and deletions to which public comment should be addressed.

After consideration of public comments, DEQ intends to present the final proposal to the Board of Environmental Quality in November 2006 for adoption of a pending rule. The rule is expected to be final and effective upon the adjournment of the 2007 legislative session if adopted by the Board and approved by the Legislature.

**IDAHO CODE SECTION 39-107D STATEMENT:** This proposed rule does not regulate an activity not regulated by the federal government, nor is it broader in scope or more stringent than federal regulations.

# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF ENVIRONMENTAL QUALITY Rules for the Control of Air Pollution in Idaho

Docket No. 58-0101-0303  
PENDING RULE

**FEE SUMMARY:** This rulemaking revises the annual assessment and payment of Title V fees. Collection of the fees is authorized by Sections 39-115(3), 39-118D and 39-119, Idaho Code.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: DEQ will request an additional \$100,000 to be appropriated in the general fund to cover other agency air quality actions, previously paid for with Title V fees, though not specifically required by federal law.

**NEGOTIATED RULEMAKING:** The text of the rule has been drafted based on discussions held and concerns raised during negotiations conducted pursuant to Idaho Code Section 67-5220 and IDAPA 04.11.01.812-815. The Notice of Negotiated Rulemaking was published in the Idaho Administrative Bulletin, November 5, 2003, Vol. 03-11, page 88.

**GENERAL INFORMATION:** For more information about DEQ's programs and activities, visit DEQ's web site at [www.deq.idaho.gov](http://www.deq.idaho.gov).

**ASSISTANCE ON TECHNICAL QUESTIONS AND SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning this rulemaking, contact Martin Bauer at (208) 373-0440, [martin.bauer@deq.idaho.gov](mailto:martin.bauer@deq.idaho.gov).

Anyone may submit written comments by mail, fax or e-mail at the address below regarding this proposed rule. DEQ will consider all written comments received by the undersigned on or before October 10, 2006.

DATED this 4th day of August, 2006.

Paula J. Wilson  
Hearing Coordinator  
Department of Environmental Quality  
1410 N. Hilton  
Boise, Idaho 83706-1255  
(208)373-0418/Fax No. (208)373-0481  
[paula.wilson@deq.idaho.gov](mailto:paula.wilson@deq.idaho.gov)

### ***THE FOLLOWING IS THE TEXT OF THE PENDING RULE***

#### **389. REGISTRATION INFORMATION.**

Any person owning or operating a facility or source during the previous calendar year or any portion of the previous calendar year for which Sections 387 through 397 apply shall, by April 1; ~~2003 or within fifteen (15) days following the adjournment of the 2003 regular session of the legislature, whichever is later, and each April 1 thereafter~~ of each year, register with the Department and submit the following information ~~as specified in Subsections 389.01 through~~

# SENATE HEALTH AND WELFARE COMMITTEE

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## DEPARTMENT OF ENVIRONMENTAL QUALITY Rules for the Control of Air Pollution in Idaho

Docket No. 58-0101-0303  
PENDING RULE

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~~389.05~~ (submittal forms are located at [www.deq.idaho.gov](http://www.deq.idaho.gov)):

~~(4-11-06)~~(\_\_\_\_)

**01. Facility Information.** The name, address, telephone number and location of the facility; (5-1-94)

**02. Owner/Operator Information.** The name, address and telephone numbers of the owners and operators; (5-1-94)

**03. Facility Emission Units.** The number and type of emission units present at the facility or the Tier I permit number for the facility; and (4-2-03)

**04. Pollutant Registration.** The actual emissions from the previous calendar year for oxides of sulfur (SO<sub>x</sub>), oxides of nitrogen (NO<sub>x</sub>), particulate matter (PM<sub>10</sub>), and volatile organic compounds (VOC) calculated using methods to include, but not limited to, continuous emissions monitoring (CEMS), certified source tests, material balances (mass-balance), state/industry emission factors, or AP-42 emission factors applied to throughput, actual operating hours, production rates, in-place control equipment, or the types of materials processed, stored, or combusted. ~~(4-11-06)~~(\_\_\_\_)

**05. Radionuclide Registration.** The amount of radionuclides from facilities regulated under 40 CFR Part 61, Subpart H, for which the registrant wishes to be registered to emit from each source in curies per year except that no amount in excess of or less than an existing permit, consent order, or judicial order will be allowed. (5-1-94)

### **390. REGISTRATION FEE.**

~~06. Regulated Air Pollutant Registration Fee.~~ *The* This registration fee ~~set out in Subsection 389.06~~ structure shall be reviewed at least every two (2) years to assure the funds meet the presumptive minimum as defined by EPA. The annual registration fee ~~set forth in Section 389~~ as determined in Section 390 shall be paid as provided in Section 393. ~~(4-2-03)~~(\_\_\_\_)

~~01.~~ **Tier I Annual Fee.** The Tier I annual fee schedule shall be as follows:

~~(3-30-01)~~(\_\_\_\_)

~~i.~~ **a.** A fixed annual fee for Tier I major sources emitting regulated air pollutants listed in Subsection 389.04 as follows: (4-2-03)

~~(1)i.~~ Seven thousand (7,000) tons per year and above shall pay ~~fifty-five thousand dollars (\$55,000)~~ seventy-one thousand five hundred dollars (\$71,500); ~~(4-2-03)~~(\_\_\_\_)

~~(2)ii.~~ Four thousand five hundred (4,500) tons per year and above shall pay ~~thirty-three thousand dollars (\$33,000)~~ forty-two thousand nine hundred dollars (\$42,900); ~~(4-2-03)~~(\_\_\_\_)

~~(3)iii.~~ Three thousand (3,000) tons per year and above shall pay ~~twenty-two thousand dollars (\$22,000)~~ twenty-eight thousand six hundred dollars (\$28,600); ~~(4-2-03)~~(\_\_\_\_)

~~(4)iv.~~ One thousand (1,000) tons per year and above shall pay ~~seventeen thousand five hundred dollars (\$17,500)~~ twenty-two thousand seven hundred fifty dollars (\$22,750);



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(4-2-03)(\_\_\_\_)

(5)v. Five hundred (500) tons per year and above shall pay ~~eight thousand five hundred dollars (\$8,500)~~ eleven thousand fifty dollars (\$11,050); (4-2-03)(\_\_\_\_)

(6)vi. Two hundred (200) tons per year and above shall pay ~~five thousand five hundred dollars (\$5,500)~~ seven thousand one hundred fifty dollars (\$7,150); and (4-2-03)(\_\_\_\_)

(7)vii. Less than two hundred (200) tons per year shall pay ~~two thousand seven hundred fifty dollars (\$2,750)~~ three thousand five hundred seventy-five dollars (\$3,575); plus (4-2-03)(\_\_\_\_)

**#b.** A per ton annual fee of ~~thirty-three dollars (\$33)~~ thirty-nine dollars and forty-eight cents (\$39.48) per ton for all regulated air pollutant emissions listed in Subsection 389.04 as follows: (4-2-03)(\_\_\_\_)

(4)i. Greater than or equal to four thousand five hundred (4,500) tons per year not to exceed ~~one hundred ten thousand dollars (\$110,000)~~ one hundred forty-three thousand dollars (\$143,000); (4-2-03)(\_\_\_\_)

(2)ii. Greater than or equal to three thousand (3,000) but less than four thousand five hundred (4,500) tons per year not to exceed ~~fifty-five thousand dollars (\$55,000)~~ seventy-one thousand five hundred dollars (\$71,500); (4-2-03)(\_\_\_\_)

(3)iii. Greater than or equal to one thousand (1,000) but less than three thousand (3,000) tons per year not to exceed ~~twenty-seven thousand dollars (\$27,000)~~ thirty-five thousand one hundred dollars (\$35,100); (4-2-03)(\_\_\_\_)

(4)iv. Greater than or equal to five hundred (500) but less than one thousand (1,000) tons per year not to exceed ~~nineteen thousand two hundred fifty dollars (\$19,250)~~ twenty-five thousand twenty-five dollars (\$25,025); (4-2-03)(\_\_\_\_)

(5)v. Greater than or equal to two hundred (200) but less than five hundred (500) tons per year not to exceed ~~eight thousand two hundred fifty dollars (\$8,250)~~ ten thousand seven hundred twenty-five dollars (\$10,725); and (4-2-03)(\_\_\_\_)

(6)vi. Less than two hundred (200) tons per year not to exceed ~~two thousand seven hundred fifty dollars (\$2,750)~~ three thousand five hundred seventy-five dollars (\$3,575). (4-2-03)(\_\_\_\_)

**#02. Fee-for-Service.** The fee-for-service shall be as follows: Sources requesting Section 300 permit modifications or renewals, or receiving program maintenance services, including but not limited to site visits, response to public inquiries, modeling, responses to site questions and opacity readings by the Department shall be assessed a fee for actual time expended and expenses incurred by the Department in the previous calendar year in an amount not to exceed ~~seven thousand five hundred dollars (\$7,500)~~ twenty thousand dollars (\$20,000) per facility per year as a fee-for-service. Service shall be conducted by qualified Department staff or contractors. (4-2-03)(\_\_\_\_)

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~~07. **Shortfall.** In the event that, on June 30, 2003 or June 30, 2004 the amount of fees assessed by the Department under Subsection 389.06.a. is less than one million one hundred thousand dollars (\$1,100,000), the difference shall be paid by the registrants to which Section 388 applies.~~ (4-2-03)

~~a. The shortfall will be calculated as follows:~~ (4-2-03)

~~i. Dividing the amount of the shortfall by the total tons of pollutants registered for the previous calendar year by all registrants; and~~ (4-2-03)

~~ii. Calculating a per-ton fee which, when multiplied by the total tons registered generates a number in the amount of the shortfall.~~ (4-2-03)

~~b. Each registrant shall then be assessed by September 1 of the year and shall pay by October 1 of the year a supplemental fee to make up any shortfall of the one million one hundred thousand dollars (\$1,100,000) in the amount of the tons of emissions registered for that facility in the previous calendar year multiplied by the per-ton fee calculated in Subsection 389.07.a.~~ (4-2-03)

~~c. Subsection 389.07 of this rule shall apply only in state fiscal years 2004 and 2005.~~ (4-2-03)

**083. Radionuclide Registration Fee.** (4-2-03)

a. A registration fee of five dollars per curie per year (\$5/curie/year) shall be paid by facilities regulated under 40 CFR Part 61, Subpart H. (4-2-03)

b. The registration fee may be paid as provided in Section 397. (4-2-03)

### **3901. REQUEST FOR INFORMATION.**

Any additional information, plans, specifications, evidence or documents that the Department may require to make the determinations required under Sections 387 through 397 shall be furnished on request. (4-2-03)

### **3912. REGISTRATION FEE ASSESSMENT.**

All facilities to which Sections 387 through 397 apply shall pay to the Department an annual registration fee as required by Section 3890. The Department shall determine the fee based on the information supplied by the registrant and the Department's analysis of information available. In the event of a failure of a facility to submit pertinent registration information, the Department may calculate the fee and shall assess the facility the fee and the costs of calculating the fee. (4-2-03)

### **~~392. REGISTRATION FEE ASSESSMENT.~~**

~~No later than May 215, 2003, and of each May 15 thereafter year, or within fifteen (15) days following the adjournment of the regular session of the Idaho State Legislature, whichever is later, the Department shall send to each registrant, to which Sections 387 through 397 apply, by certified mail, an assessment of the annual fee payable by the registrant.~~ (4-2-03)(\_\_\_\_)

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## **393. PAYMENT OF TIER I REGISTRATION FEE.**

**01. Fee Payment Date.** The registration fee shall be paid to and received by the Department no later than July 1 of each year, or within forty-five (45) days following the receipt of the registration fee assessment in Section 392, whichever is later. Checks should be made payable to "Department of Environmental Quality." (4-2-03)(\_\_\_\_)

**02. Fee ~~Materials~~ Payments Mailing Address.** All ~~registration and~~ fee ~~materials~~ payments should be sent to:

Air Quality Tier I Registration Fees  
Idaho Department of Environmental Quality  
1410 N. Hilton, Boise, Idaho 83706-1255

(4-2-03)(\_\_\_\_)

### **(BREAK IN CONTINUITY OF SECTIONS)**

## **395. APPEALS.**

Persons may file an appeal within thirty-five (35) days of the date the person received an assessment issued under ~~Subsection 389.07 or~~ Section 392. The appeal shall be filed in accordance with IDAPA 58.01.23, "Rules of Administrative Procedure Before the Board of Environmental Quality." (4-2-03)(\_\_\_\_)

### **(BREAK IN CONTINUITY OF SECTIONS)**

## **397. LUMP SUM PAYMENTS OF REGISTRATION FEES.**

**01. Agreement.** The Department may, in its discretion, enter an agreement with any person for the lump sum payment of all, or any addition to, the registration fees required by Section 3890. (4-2-03)(\_\_\_\_)

**02. Minimum Amount.** The minimum amount for any lump sum agreement shall be three hundred thousand dollars (\$300,000). (5-1-94)

**03. Payment Waiver.** Upon the execution and full performance of the agreement by the person, the Department shall waive the payment requirements of Section 3890. All other provisions of Sections 387 through 397 shall remain applicable to the person. (4-2-03)(\_\_\_\_)